



## Professional Development Log

NAME: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Activity/Topic	Date & Location	Learning Outcomes/ Goals	Hours

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You are required to retain the completed log and supporting documents for a period of **three (3)** years. You will be required to submit the completed log and supporting document for your professional development activities if you are selected for review through the random audit process.