



CONTINUING EDUCATION REPORTING FORM

2 - 333 Vaughan Street, Winnipeg MB R3B 3J9

e-mail: continuinged@msha.ca

DO NOT FAX FORM

Reporting Period (3 Year):
2010 - 2011 - 2012

Year 2 of 3
January 1, 2011 - December 31, 2011

Name: _____

Profession

E-mail Address: _____ Phone: _____

AUD SLP

DUE DATE: FEBRUARY 10, 2012

Complete Description of Activity <small>*See reverse for instructions and activity codes</small>	Title of Activity & Name of Presenter	Date	MAJOR								RELATED				* OFFICE USE ONLY *
			MA <small>No Max</small>	MB <small>No Max</small>	MC <small>10/yr</small>	MD <small>8/yr</small>	ME <small>5/yr</small>	MF <small>8/yr</small>	MG <small>5/yr</small>	MH <small>8/yr</small>	RA <small>15/3 yrs</small>	RB <small>10/yr</small>	RC <small>10/yr</small>	RD <small>8/yr</small>	Comment
TOTALS															

PLEASE NOTE: We do not accept your submission forms by Fax, they will be returned to you if you do so.

Sub Total Major

Sub Total Related

In accordance with the current standards for continuing education, members are required to accumulate forty five (45) Continuing Education Equivalents (CEEs) in each reporting period, of which Thirty (30) must be in the members' professional area. Members are responsible for obtaining required CEEs according to the category of membership held during the reporting period. Falsifying a Continuing Education Report is a violation of the Code of Ethics and will lead to disciplinary action.

Please review the activity codes and definitions on the reverse side of this form.

My signature indicates that I declare this submission to be accurate and true.

Member Signature

Date