

CONTINUING PROFESSIONAL COMPETENCY ACTIVITY LOG

NAME: _____ LICENSE NUMBER: _____

YEAR EARNED: _____

TOTAL PDHs EARNED: _____

Date:	
Sponsoring Organization Name:	
Instructor's/Speaker's Name:	
Location:	
Title or Specific Subject:	
Type of Activity:	
Duration:	
PDHs Earned:	

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Type of Activity:	
Duration:	
PDHs Earned:	