



The Atlantic Canada Association of Reflexology Therapists

CEU Reporting Form

Of the twenty (20) CEUs each member needs to accumulate per cycle, **a minimum of ten (10) units must derive from Primary Activities**. The balance of units may come from either Primary or Secondary Activities. Supporting documentation must be included. Please do not send originals in the event they are lost in the mail.

Name: _____ RRT#: _____

Cycle Start Date (Year): _____ Cycle End Date (Year): _____

Date	Brief description	Primary or Secondary Activity	Number of Hours	Number of CEUs

I certify I have obtained _____ CEUs from **Primary Activities** during this reporting cycle.

I certify I have obtained _____ CEUs from **Secondary Activities** during this reporting cycle.

I certify I have obtained a **total** of _____ CEUs during this reporting cycle.

Signature: _____