



The Atlantic Canada Association of Reflexology Therapists

Record of Peer Conferring

Please fill out the following information completely and have all participants sign at the bottom. Please submit a copy of this form with your CEU Report (keep original for your own records).

Your name: _____ RRT#: _____

Date and time of conferring: _____

Location of conferring (in person, Skype, etc.): _____

Please list the **topics of discussion** and whether they are related to **Primary or Secondary Activities**. Primary Activities are directly related to the scope of practice of reflexology therapy. Secondary Activities are not directly related; they are considered complementary (i.e., massage therapy, reiki, therapeutic touch). Be specific but not disclose any confidential or identifying client information.

Topics:

Primary or Secondary:

Names of participants:

Signatures of participants:

Total Primary CEUs acquired (total duration divided by 2): _____

Total Secondary CEUs acquired (total duration divided by 2): _____