

B. OUTSIDE CONFERENCES

DATE	PROGRAM TITLE	SPEAKER / COORDINATOR	CHs / CEUs

C. ANNUAL REQUIREMENTS

DATE	ACTIVITY	REMARKS
	Education Day	
	C P R	
	Blood Glucose Monitoring	1st Q ___ 2nd Q ___ 3rd Q ___ 4th Q ___
	Annual Physical Exam	

D. ACADEMIC PROGRAMS

DATE	COURSE / PROGRAM	INSTITUTION	HOURS

E. STAFF MEETINGS (Indicate if you Chaired Meeting)

MONTH	DATE ATTENDED	DATE MINUTES REVIEWED	MONTH	DATE ATTENDED	DATE MINUTES REVIEWED
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

F. COMMITTEE PARTICIPATION (Addendum)

CHECK APPLICABLE BOX:

- CHAIR CO-CHAIR
 SECRETARY MEMBER

1. COMMITTEE _____

DATE	DATE MEETING ATTENDED	DATE MEETING ATTENDED	PROJECT DATE	DATE	DATE MEETING ATTENDED	DATE MEETING ATTENDED	PROJECT DATE
JANUARY				JULY			
FEBRUARY				AUGUST			
MARCH				SEPTEMBER			
APRIL				OCTOBER			
MAY				NOVEMBER			
JUNE				DECEMBER			

COMMITTEE PARTICIPATION (Addendum)

CHECK APPLICABLE BOX:

- CHAIR CO-CHAIR
 SECRETARY MEMBER

2. COMMITTEE _____

DATE	DATE MEETING ATTENDED	DATE MEETING ATTENDED	PROJECT DATE	DATE	DATE MEETING ATTENDED	DATE MEETING ATTENDED	PROJECT DATE
JANUARY				JULY			
FEBRUARY				AUGUST			
MARCH				SEPTEMBER			
APRIL				OCTOBER			
MAY				NOVEMBER			
JUNE				DECEMBER			

G. OUTSIDE COMMITTEES / PROFESSIONAL ACTIVITIES

DATE	COMMITTEE / ORGANIZATION	PARTICIPATION LEVEL

H. OUTSIDE COMMITTEES / PROFESSIONAL ACTIVITIES

DATE	DATE OUTLINE SUBMITTED	TITLE	UNIT	DURATION	# OF ATTENDEES

I.**INFORMATION VERIFICATION (Optional Page)**

ACTIVITY	VALIDATING SIGNATURE / TITLE	DATE
General Inservices		
Education Day		
C P R		
Glucose Monitoring		
Outside Conference(s)		
Inservice Presentation		
Unit-Based Competencies		
Annual Physical Exam		
Staff Meeting		
Committee Participation		
IOP Activities		
Standards Development		

COMMENTS: