

Instructions:

- This form should be completed and kept for reporting at the end of your Continuing Education (CE) biennium.
- After reporting, save the form in your files.
- This form may be required to submit as verification during a CE audit process.
- This form should only be used as indicated in the [Continuing Education Requirements](#).

Completion Date of Activity:	
Title of Activity:	
Activity Sponsor / Provider:	
Activity Type: (e.g., webinar, live, lecture)	
Reference / Course Number:	
Number of Hours / CE Credits Earned:	
Author / Instructor / Presenter of Activity:	
Location of Activity or Media Type: (e.g., physical location or online delivery)	

Activity Description or Objectives:

Please provide a description and the objectives of the activity in the space provided below:

I attest that the information provided is complete and true. I further acknowledge that misrepresentation of information could result in adverse action to my Imaging Informatics Professional certification (CIIP).

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Certified Imaging Informatics Professional Signature

Date