



To be completed by members holding a General (active, active non-practising, active non-resident) certificate of registration. A member is required to complete 40 hours of CE over a two-year cycle: a **minimum** of 20 in structured activities and a **maximum** of 20 in unstructured activities. The member is not permitted to bank hours beyond the two-year cycle. For additional information, please refer to the Professional Portfolio handbook.

Name _____ CCO Registration # _____ Date of Cycle _____

Between those dates, I fulfilled my obligation of participating in 40 hours of CE activities: Yes No (if no, please EXPLAIN)

I Structured Activities

Type(s) of structured activity in which you have participated:
(check all that apply)

- | | Hours |
|---|-------|
| <input type="checkbox"/> Courses, seminars, workshops, conferences _____ | _____ |
| <input type="checkbox"/> Internet courses, seminars, workshops, conferences _____ | _____ |
| <input type="checkbox"/> Correspondence courses _____ | _____ |
| <input type="checkbox"/> Clinical rounds _____ | _____ |
| <input type="checkbox"/> Computer assisted learning _____ | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total: | _____ |

II Unstructured Activities

Type(s) of unstructured activity in which you have participated:
(check all that apply)

- | | Hours |
|--|-------|
| <input type="checkbox"/> Professional books, journals, articles, research papers _____ | _____ |
| <input type="checkbox"/> Professional audio/video programs, Internet material _____ | _____ |
| <input type="checkbox"/> CCO regulations, standards of practice, policies, guidelines, other material CCO material _____ | _____ |
| <input type="checkbox"/> Professional presentations _____ | _____ |
| <input type="checkbox"/> Professional publications _____ | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total: | _____ |

III Subject Area

I have participated in CE activities in the following subject areas: (check all that apply; this is not an exhaustive list)

- | | |
|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Adjunctive Therapies (specify) |
| <input type="checkbox"/> Assessment | _____ |
| <input type="checkbox"/> Basic Sciences (Anatomy, Neurology, Pathology) | _____ |
| <input type="checkbox"/> CCO regulations, standards of practice, policies, guidelines and other material | _____ |
| <input type="checkbox"/> Chiropractic Philosophy | _____ |
| <input type="checkbox"/> Chiropractic Care of Animals | _____ |
| <input type="checkbox"/> Communication | _____ |
| <input type="checkbox"/> Diagnosis/Clinical Impression | _____ |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ethics | _____ |
| <input type="checkbox"/> Insurance | _____ |
| <input type="checkbox"/> Orthotics | _____ |
| <input type="checkbox"/> Practice Management / Business Development | _____ |
| <input type="checkbox"/> Record Keeping | _____ |
| <input type="checkbox"/> Spinal Adjustment / Manipulation | _____ |
| <input type="checkbox"/> Techniques | _____ |

- I maintain a current professional portfolio
- I have completed the self assessment Date: _____
- I have been peer assessed Date: _____

I declare the information as recorded on this form to be true and complete and made as if sworn under oath.

Member's Signature _____ Date _____