

## Children's Dyslexia Centers: Continuing Education Log

---

Name:

Email:

Address:

Phone:

City:

State:

Zip Code:

Initial Level Center:

Initial Level Date: (M/Y)

Certification Level(s):  Initial  Advanced  Supervisor  Initial Trainer  Advanced Trainer  Therapy  Therapy Instructor

**Please type or print and use as many pages as necessary to accurately report your CE activities.**

Date	Title of CEU Activity	Sponsoring Organization	# Hours
Total Hours:			_____

**I verify that the activities listed follow the CDC and IMSLEC® Continuing Education Policies & Procedures in fulfillment of my continuing education requirements.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only:*

Reviewed by:	Approved:    Y    N    More Info needed	Date DCS Updated:
--------------	---	-------------------