Children's Dyslexia Centers, Inc. Continuing Education Form

Rev. Date 12/2/2022	Policy # 5 General Clinical	Owner: Clinical
For Office Use	*Reviewed and approved by:* *DCS updated:*	*Date:*

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

Name:*	Email:*	
Address:*	Phone:	
City:*	State:*	Zip Code:*
Training Center:*		

Date	Title of CEU Activity	Sponsoring Organization	# Hours

	Total hours this page: __________
Total # of pages: __________	**Total hours all pages: __________**
I verify that the activities listed above follow the CDC Continuing Education Policy and were completed by me.	
Signature:*	**Date:***