



Children’s Dyslexia Centers, Inc. Continuing Education Form

Rev. Date 2/8/2023	Policy # 5 General Clinical	Owner: Clinical
<i>For Office Use</i>	<i>Reviewed and approved by:</i> <i>DCS updated:</i>	<i>Date:</i>

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:*
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