

# Continuing Education Log

Cycle Year: \_\_\_\_\_

College of  
Chiropractors  
of Ontario



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Registration No: \_\_\_\_\_

.. Chiropracist .. Podiatrist

<b>Category A – Structured Programs</b> This category includes lecture style programs and workshops provided by an accredited post secondary educational institution, accredited hospitals, podiatry focused programs or continuing education sessions provided by other regulated health professional groups/associations and Ontario Hospital Association hospitals.				<b>How useful was this course in bringing a positive change into your practice?</b> 1 – Not useful 2 – Minimally useful 3 – Somewhat useful 4 – Useful 5 – Very Useful				
Course Provider	Description of Activity <small>List individual courses/workshops attended (not just the conference name)</small>	Date	Number of Credit/Hours					
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
<b>Note: Minimum credit hours: 10</b>				<b>Total number of Credits</b>				

<b>Category B - Other Activities</b> This category includes lectures, podiatry focused presentations, speaking engagements/presentations, supplier/provider programs and self-directed independent learning activities such as reading of journal articles, review of videos, participation in online CE modules/courses and use of recorded materials etc.				<b>How useful was this course/activity in bringing a positive change into your practice?</b> 1.- Not useful 2 – Minimally useful 3 – Somewhat useful 4 – Useful 5 – Very Useful				
Course Provider	Description of Activity List individual CE activity separately	Date	Number of Credit/Hours	1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
<b>Note: Maximum credit hours: 15</b>			<b>Total number of Credits</b>					