

## CEU DECLARATION FORM

Therapist Name: \_\_\_\_\_  
Registration #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

### DECLARATION

I certify that I have completed the attached continuing education activities during this cycle and obtained the number of CEUs indicated.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
Signature

#### Instructions for Completion:

- ✓ Sign and date the above declaration and submit with the completed **CEU Activity Reporting Form** along with the **CEU Summary Form**.
- ✓ On the bottom page of the CEU Summary Form(s), record the total primary (category A) and secondary (category B) CEUs obtained.
- ✓ Attach copies of all necessary supporting documentation (diplomas, receipts, etc.) as proof of completion
- ✓ Photocopy this form and keep copies up to date in a file labelled "Professional Portfolio"
- ✓ Keep photocopies of all necessary supporting documentation (receipts, course brochures, and diplomas, etc.)
- ✓ Keep in mind that you are required to have 30 CEUs in the current 3-year cycle. 20 or more CEUs must be primary/category A, and no more than 10 may come from secondary activities (All 30 may be obtained from primary/category A sources).

**The completed Declaration Form and all other CEU Forms must be received by January 31, 2027, by email, fax, or mail.**