

# CONTINUING EDUCATION UNITS (CEUs)



## CEU VOLUNTEER/OUTREACH ACTIVITY FORM

- ✓ Complete this form for **each individual** volunteer/outreach event completed.
- ✓ Transfer the necessary information from each event to the **CEU Summary Form** as a part of your professional submission at the end of cycle.
- ✓ Print/save a copy of each form with all other documents pertaining to the volunteer/outreach event including confirmation and/or proof of attendance by the event coordinator via either **one** of the following:
  - Confirmation email from the event coordinator upon completion of the volunteer/outreach event
  - Written letter of confirmation signed by the event coordinator upon completion of the volunteer/outreach event

Name of Volunteer/Outreach Event:	
Location, Date, and Time:	
Description of Duties Performed:	
Hours of Volunteer/Outreach performed: (excluding breaks)	
Total # of CEUs: (2hrs = 1 CEU)	
CEU Type: (Category A or Category B)	
Event Coordinator Name:	
Contact Info: (email and/or phone)	
Proof of Completion Obtained: (indicate Yes or No)	
Name of Massage Therapist:	
Registration #:	