



The Reflexology Association of Canada CEU Log Sheet



Cycle Start Date:

Cycle End Date:

Sheet #	Member Number:	Name:			
Dates of Activity	Title of Activity	Confirmation Documents	CEU Category	Total Hours	Points Accrued
Total CEU Credits:				Member Signature:	Date:
					dd/mm/yy

You need to complete a line of this form each time you undertake CEU activity. Please ensure you retain all documents for audit purposes.