

CMCA® Recertification CONTINUING EDUCATION ACTIVITY WORKSHEET

Educational Institution or Organization		
Title and Description of Program	♯ of Hours	
Location	Date	
Educational Institution or Organization		
Title and Description of Program	# of Hours	
Location	Date	
Educational Institution or Organization		
Title and Description of Program	# of Hours	
Location	Date	
Educational Institution or Organization		
Title and Description of Program	# of Hours	
Location	Date	
Educational Institution or Organization		
Title and Description of Program	♯ of Hours	
Location	Date	

Use this activity worksheet as a tool to track your continuing education coursework throughout the two years leading up to your recertification. When completed, send it with your Recertification Application to CAMICB at info@camicb.org. Call 866.779.CMCA with any questions.

www.camicb.org