

# Re-Certification Activities Tracking Tool

Candidate Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

EDUCATIONAL ACTIVITY			
<i>Name of Activity</i>		<i>Date Attended</i>	
<i>Instructor</i>		<i>Number of Contact Hours</i>	
BRIEF DESCRIPTION			
HOW DID THIS ACTIVITY CONTRIBUTE TO YOUR SKILLS OR KNOWLEDGE?			

**Competency Set Addressed:**

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