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| **icon logo** |  | **Continuing Education Unit Data Submission Form**Email to: ceu@osct.ca |
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| Where you a member of OSCT at the beginning of the Triennium? | Yes or No (Please circle) |
| **IF NO**, what year did you become a member? | Year \_\_\_\_\_\_\_\_ |

**Member Name:**

**OSCT Number:**

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| **Date & Time** | **Section****(1a, b etc)** | **Category/Courses /Lecture Title** | **Duration** | **Name of Speaker** | **Authorized Signature** |
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| **Adm. Notes:** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Approved total of CEU’s:** | \_\_\_\_\_\_\_\_\_\_\_\_ |

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