|  |  |  |  |
| --- | --- | --- | --- |
| **icon logo** |  | **Continuing Education Unit Data Submission Form**  Email to: ceu@osct.ca | |
|  |  |  |  | |

**Member Name: \_\_\_\_\_\_\_\_\_\_\_**

**OSCT Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date & Time** | **Section**  **(1a, b etc)**  **Refer to CEU standards** | **Category/Courses /Lecture Title** | **Duration** | **Name of Speaker** | **Authorized Signature** | **CEUS Credited**  **(CEU director use only)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Adm. Notes:** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Approved total of CEU’s:** | \_\_\_\_\_\_\_\_\_\_\_\_ |  |

**UPON COMPLETION OF FORM PLEASE SCAN FILES, CERTIFICATES, OR ANY PERTINENT DOCUMENTATION AND E-MAIL TO THE OSCT CEU DIRECTOR:** [**CEU@OSCT.ca**](mailto:CEU@OSCT.ca) **INCOMPLETE FORMS WILL BE RETURNED**