

**CONTINUING EDUCATION UNITS (CEU)  
ACTIVITY RECORDING FORM**

**CEU CREDIT CYCLE November 1 20\_\_\_\_\_ – October 31, 20\_\_\_\_\_**

Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Address \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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






**DECLARATION**

I certify that I have completed the attached continuing education activities during this cycle and obtained the number of CEUs indicated.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_

Signature: \_\_\_\_\_

**Instructions for completion:**

-  Sign and date the above declaration, and submit with the completed activity report on following pages.
-  On the final page of the report, record the total Category A and Category B CEUs obtained.
-  Photocopy this form and keep copies up to date in a file labelled "Professional Portfolio".
-  Keep photocopies of receipts, course brochures, and diplomas.
-  Keep in mind that you are required to have 30 CEUs in a 3 year cycle. 20 or more CEUs should be Category A and a limit of 10 may come from Category B activities (All 30 may be obtained from Category A sources).

The completed declaration and recording form must be **received by January 31**

College of Massage Therapists of New Brunswick  
P.O. Box 238 Miramichi, NB  
E1V 3M3



COLLEGE OF MASSAGE  
THERAPISTS OF NEW BRUNSWICK

**CEU ACTIVITY RECORDING FORM**

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Course, Event or Activity	Location, Date & Time	Number of Hours	Category A 2 hrs = 1 CEU	Category B 2 hrs = 1 CEU	Event Coordinators Name / Signature
<b>Total Number of Category A CEUs :</b>					
<b>Total Number of Category B CEUs:</b>					

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**CONTINUING EDUCATION UNITS (CEU) – SHADOWING FORM**

**NAME:** \_\_\_\_\_ **REGISTRATION #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form should be used to document all job shadowing activities. Under the CMTNB Continuing Education Policy and Guidelines, job shadowing or supervision is defined as activity in which a massage therapist observes or shadows the practise of another health professional in order to obtain a better understanding of other modalities or to learn new techniques.

Once completed, this form should be kept in your professional portfolio.

The number of hours spent shadowing should be reported on the CEU Activity Recording Form at the end of the CEU credit cycle. A copy of all completed shadowing forms should also be submitted at the end of the cycle.

Mentor's Name: \_\_\_\_\_

Mentor's qualifications (profession, credentials, number of years in practice training):

Please ensure that there is a confidentiality agreement in place between you and the mentor and that client consent is obtained.

Massage Therapist: Please write below a brief description of your observations and learning experiences, (additional paper on the back of this form may be used):

Mentors' signature: \_\_\_\_\_

Total # of hours shadowing: \_\_\_\_\_

Total # of CEUs (note: 2 hours of shadowing = 1 CEU): \_\_\_\_\_

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**CONTINUING EDUCATION UNITS (CEU)**

**SELF-DIRECTED LEARNING FORM**

**NAME:** \_\_\_\_\_ **REGISTRATION #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form should be used to document each activity of independent study including the study of professionally related journal articles, videos, monographs, texts and other materials, or peer study groups in which two or more members meet, to discuss and study the same topic.

Once completed, this form should be kept in your professional portfolio. A separate form must be completed for each self-study or peer study activity.

The number of hours spent in self-directed learning should be reported on the CEU Activity Recording Form at the end of the CEU credit cycle. A copy of all completed Self-Directed Learning Forms should also be submitted at the end of the cycle.

Date of Activity: \_\_\_\_\_ Total # Hours: \_\_\_\_\_ Total # of CEU's: \_\_\_\_\_

(Note: two hours of self-directed learning = one CEU)

Title of article/book/video reviewed: \_\_\_\_\_

Topic covered by peer study group: \_\_\_\_\_

Names of peer study group members (if applicable): \_\_\_\_\_

\_\_\_\_\_

For peer study, please provide a written summary of topic(s) covered during peer study meeting, initialed by all in attendance as proof of activity. For articles/books/videos/journals, please provide a brief synopsis of subject(s) reviewed as a record of learning that occurred. (Additional paper on the back of this form may be used):