

Equivalent Activity Log

NAME: _____
 BUILDING: _____
 S.S. # _____

	Certificate# or License#	5,8, or Perm.	Expires
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

Record of Activities

Date(s)	Activity Description	Time	Total
<i>example 3/21/99</i>	<i>writing waiver for venture capital</i>	<i>3:00 - 5:00</i>	<i>2 hrs.</i>

Total hrs _____

CEU Equivalent _____

Comments about Future Professional Development Needs

Educator Signature _____

Date _____

Number of CEU's Granted _____

LPDC chair _____