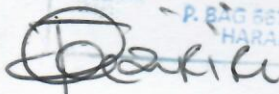


Name: Munromu D

Date	CME Category	Topic	Stamp /Signed By
12/2/20	2D	Feedback Presentations on IMAM	B
11/3/20	2D	COVID-19 Feedback	B
4/5/20	2D	COVID-19 Feedback	B
10/5/20	3A	Facilitating 14CF	B
11/5/20	1A	TIDANCE HPSS	B
09/10/20	8D	Nutrition Support in COVID-19 w/step	B
23/11/20	2D	14CF Feeding	B
9/11/20	3B	Provincial Nutrition Awareness	B
10/11/20	3B	Provincial Nutrition Awareness	B
15/11/20	2C	Nutrition Counseling	B


Name: Munromu D

Date	CME Category	Topic	Stamp /Signed By
4/2/21	Student HPSS on attachment	Student attached	B
1/3/21		DSPP Program Study 1 year	B
4/3/21		Nutrition analysis 1 day	B
11/4/21		Nutrition counseling	Kig
30/4/21		WHD Meeting	Kig
12/5/21		Counseling DM	Kig
28/5/21		UHS meeting	Kig
28/5/21		UHS meeting	Kig
5/6/21		Nutrition counselor	Kig
3/6/21		UHS meeting	Kig

