

Independent Study Activity Report

The RID Approved Sponsor must submit this activity report within 45 days of completion of the Independent Study Activity.

Participant Name: _____ RID Member #: _____

Participant Address: _____

Activity Title: _____

To which CMP content area does this activity apply? Professional Studies
General Studies

Activity Start Date: _____ Activity Completion Date: _____

Number of Continuing Education Credits (CEUs) awarded to CMP participant: _____
(max 2)

RID Approved Sponsor Name: _____

RID Activity Number for this Independent Study Activity:

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

(Sponsor Code)

(Month)

(Year)

(Ascending within month Internal Code, optional)

As the RID Approved Sponsor for this Independent Study, how did you determine that this activity was satisfactory completed? (i.e. # hours spent on activity? Papers submitted to you?)

How did you calculate the number of CEUs awarded for this Independent Study?

Signature of RID Approved Sponsor Administrator: _____

Date: _____