

Activity Report Form

Certification Maintenance Program (CMP)

Associate Continuing Education Tracking Program (ACET)

Please print all information below. An illegible or incomplete form will result in delayed processing.

Sponsor Information

Date of Activity: _____

RID Approved Sponsor's Name: _____

Activity Title: _____

Total Number of CEUs possible: _____ Check One: PS ☐ GS ☐

Instructor Information

Instructor Name: _____

First time presenting this workshop, please award me CEUs. ☐

Activity Number									
Sponsor Code				Month	Year		No.		

Instructor Member ID #				

Participant Name	City	State	Member #

