



Continuing Education Unit Data Submission Form

Member Name: _____

MACT Number: _____

<u>Date & Time</u>	<u>Category/Courses /Lecture Title</u>	<u>Duration</u>	<u>Name of Speaker</u>	<u>Authorized Signature</u>
			Approved total of CEU's:	_____

UPON COMPLETION OF FORM PLEASE SCAN FILES, CERTIFICATES, OR ANY PERTINENT DOCUMENTATION AND E-MAIL TO THE MACT CEU DIRECTOR: psingh@sbgh.mb.ca