Continuing Education Unit Data Submission Form

Member Name: _____

MACT Number: _____

Date & Time	Category/Courses /Lecture Title	Duration	Name of Speaker	Authorized Signature
			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