



## Continuing Education Unit Data Submission Form

Member Name: \_\_\_\_\_

MACT Number: \_\_\_\_\_

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

UPON COMPLETION OF FORM PLEASE SCAN FILES, CERTIFICATES, OR ANY PERTINENT DOCUMENTATION AND E-MAIL TO THE MACT CEU DIRECTOR: [darlenekeith24@hotmail.com](mailto:darlenekeith24@hotmail.com)