



Continuing Professional Education Points Form

Member Name:

Member Number:

Clinic Name:

Clinic Address:
.....
.....

Clinic Phone: Clinic Fax:

Year of Compliance:

CPE Period: ____ / ____ / ____ to ____ / ____ / ____

IMPORTANT PLEASE READ

- Please Ensure a minimum of 20 points have been obtained for the above twelve month period (1 hour = 1 point)
- Your information must be submitted to the National Administration Office at the end of the year so that your CPE points can be updated on the database.
- Members with less than 20 CPE points per year risk the removal from full Practitioner Member status.
- All CPE approved / attended events must be recorded in full and signed by the CPE event Co-ordinator on the sheet provided on the following page.
- Please refer to you CPE Policy document and the AFEM website for approved CPE events.
- Please do not hesitate to contact the National Administration Office if you require further information or assistance.
- It is imperative that your Log Sheet be signed only by the CPE Event coordinator or supervisor.

