



**CONTINUED PROFESSIONAL EDUCATION LOG**

**Name** .....

**Address** .....

**City** .....

**County** .....

**Country** .....

**Phone** .....

**Email** .....

**IEBWA membership number** .....

**Year of membership:** .....

**Course attended (1)** .....

**Course content** .....

**Course lecturer/clinician** .....

**Theoretical hours** .....

**Practical hours** .....

**Copy of certificate of attendance enclosed yes/no**

**Course attended (2)** .....

**Course content** .....

**Course lecturer/clinician** .....

**Theoretical hours** .....

**Practical hours** .....

**Copy of certificate of attendance enclosed yes/no**

If additional courses are attended or activities carried out, please add these on the reverse of this form according to the format above

**Send completed log with annual renewal to the membership secretary of your respective division. If in doubt about course validity for CPE, please contact your division head for clarification.**