

# Continuing Education Reporting Form

## Reporting Period

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ June 1, 20\_\_\_\_ - May 31, 20\_\_\_\_

**IMPORTANT: For faster service and to instantly update CE records, log into your profile at [www.CBDMonline.org](http://www.CBDMonline.org) and enter your CE's online.** Otherwise mail or fax completed "Continuing Education Report Form" (prior to May 31st of your three year cycle) to:

CBDM  
406 Surrey Woods Drive  
St. Charles, IL 60174  
Fax 630.587.6309

Please allow 2-3 weeks for processing faxed or mailed CE Reporting Forms.

**Authoring/Writing Article** - the development of an original work delivered to an audience. A maximum of 4 CE's per three year CE cycle is allowed.

Published Date: \_\_\_\_\_ Article Title: \_\_\_\_\_

Name of Publication: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

Published Date: \_\_\_\_\_ Article Title: \_\_\_\_\_

Name of Publication: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

Published Date: \_\_\_\_\_ Article Title: \_\_\_\_\_

Name of Publication: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

**College Credit Coursework** is a formal education program of study that offers college credit (may be online or in classroom). 1 semester credit hour is equal to 18 CE's.

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Course Type: \_\_\_\_\_ Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Course Type: \_\_\_\_\_ Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Course Type: \_\_\_\_\_ Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

**Educational Programs** consists of live meetings, inservices, online courses, and webinars.

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Course Type: \_\_\_\_\_ Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ #CE Hours: \_\_\_\_\_ GEN SAN CE Prior Approval # \_\_\_\_\_ (if applicable)

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Course Type: \_\_\_\_\_ Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ #CE Hours: \_\_\_\_\_ GEN SAN CE Prior Approval # \_\_\_\_\_ (if applicable)

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Course Type: \_\_\_\_\_ Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ #CE Hours: \_\_\_\_\_ GEN SAN CE Prior Approval # \_\_\_\_\_ (if applicable)

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Course Type: \_\_\_\_\_ Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ #CE Hours: \_\_\_\_\_ GEN SAN CE Prior Approval # \_\_\_\_\_ (if applicable)

**Field Trip Tour** - may consist of a site visit or trip that pertains to the Foodservice field. A maximum of 1 CE per field trip/tour is allowed.

Date: \_\_\_\_\_ Trip/Tour Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_ GEN SAN

Date: \_\_\_\_\_ Trip/Tour Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_ GEN SAN

Date: \_\_\_\_\_ Trip/Tour Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_ GEN SAN

Date: \_\_\_\_\_ Trip/Tour Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_ GEN SAN

**Journal Clubs** - an educational meeting in which a group of CDMs/staff members discuss current articles/books providing a forum for a collective effort to obtain new knowledge, promote awareness of current medical trends, treatments and research findings. Refer to the "CBDM Guide to Maintaining Your CDM, CFPP Credential" for detailed specifications.

Date: \_\_\_\_\_ Book/Article Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_  GEN  SAN

Date: \_\_\_\_\_ Trip/Tour Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_  GEN  SAN

Date: \_\_\_\_\_ Trip/Tour Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_  GEN  SAN

Date: \_\_\_\_\_ Trip/Tour Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_

#CE Hours: \_\_\_\_\_  GEN  SAN

**Preceptor** - assisting students enrolled in an ANFP Approved School to develop new skills, via modeling, evaluating, observation and demonstration. A maximum of 5 CE's per three-year CE cycle is allowed.

Date: \_\_\_\_\_ Approved School Name: \_\_\_\_\_

City/State: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

Date: \_\_\_\_\_ Approved School Name: \_\_\_\_\_

City/State: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

Date: \_\_\_\_\_ Approved School Name: \_\_\_\_\_

City/State: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

Date: \_\_\_\_\_ Approved School Name: \_\_\_\_\_

City/State: \_\_\_\_\_ #CE Hours: \_\_\_\_\_  GEN  SAN

**Teaching/Presenting** - the presentation or teaching of a program that is outside of facility inservice requirements. The contents of the program must be industry related to foodservice management (as opposed to facility policy) and be at least one hour in length. One time programs- 1 CE hour will be earned for each hour of presentation. Ongoing programs- 1 CE hour will be earned for every 10 hours taught.

Date: \_\_\_\_\_ Program Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Facility/Program Sponsor: \_\_\_\_\_  
Event Type: \_\_\_\_\_ #CE Hours: \_\_\_\_\_ GEN SAN CE Prior Approval # \_\_\_\_\_ (if applicable)

Date: \_\_\_\_\_ Program Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Facility/Program Sponsor: \_\_\_\_\_  
Event Type: \_\_\_\_\_ #CE Hours: \_\_\_\_\_ GEN SAN CE Prior Approval # \_\_\_\_\_ (if applicable)

Date: \_\_\_\_\_ Program Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Facility/Program Sponsor: \_\_\_\_\_  
Event Type: \_\_\_\_\_ #CE Hours: \_\_\_\_\_ GEN SAN CE Prior Approval # \_\_\_\_\_ (if applicable)

**Trade/Food show Exhibits** - the participation of a trade/food show exhibit that showcases and demonstrate products, services as well provide the ability to examine recent trends and opportunities. A maximum of 5 CE's per three year CE cycle is allowed.

Date: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_  
#CE Hours: \_\_\_\_\_ Foodshow

Date: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_  
#CE Hours: \_\_\_\_\_ Foodshow

Date: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Program Sponsor: \_\_\_\_\_ City/State: \_\_\_\_\_  
#CE Hours: \_\_\_\_\_ Foodshow

**Affidavit** -

I hereby verify the truth of the entries on this Continuing Education Report Form. I affirm that I participated in continuing education activities and that the number of CE hours reported is correct. I will be able to supply the required supporting documentation verifying participation and summarizing content for the CE reported.

Signature: \_\_\_\_\_