

STANDARDIZED CONTINUING EDUCATION DOCUMENTATION FORM

INSTRUCTIONS: This form should be completed and kept for reporting at the end of your CE biennium. After reporting, save the form in your files.

This form may be required to submit as verification during a CE audit process.

This form should only be used as indicated on the CE Guidelines chart found on the ABII website.

DATE ACTIVITY WAS COMPLETED:	
ACTIVITY TITLE:	
ACTIVITY SPONSOR/PROVIDER:	
ACTIVITY TYPE: (e.g., webinar, live lecture)	
NUMBER OF HOURS/CE CREDITS:	
NAME OF AUTHOR / INSTRUCTOR / PRESENTER OF ACTIVITY:	
LOCATION OF ACTIVITY OR MEDIA TYPE: (e.g., physical location or online delivery)	

Activity Description or Objectives – In the space below, provided a description and the objectives of the activity.

I attest that the information provided is complete and true. I further acknowledge that misrepresentation of information could result in adverse action to my Imaging Informatics Professional (IIP) certification.

Certified Imaging Informatics Professional Signature

Date