EXHIBIT R:

CONTINUING EDUCATION (CE) HOURS FOR CORE CE; **CONTACT HOURS/CE FOR ELECTIVE #13;** **GRAND ROUNDS FOR ELECTIVE #9 VERIFICATION**

Name: _____
    (NAME OF APPLICANT)

Title of Program/Subject Matter (Check CE vs Contact Hour column as appropriate)	Date	# Hrs.	CE	Contact

TOTAL: _____

If using for CE/CH: Attach copies of transcript/certificate/verification of completion- no signature needed.
If using for Grand Rounds: List presentation titles and dates, and have manager verification with signature below.

Signature: _____

Manager/Team Leader