

# CONTINUING EDUCATION

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SESSION/COURSE TITLE: \_\_\_\_\_

CMP BLUEPRINT SECTION: \_\_\_\_\_

PROGRAM SPONSOR/PROVIDER: \_\_\_\_\_

LOCATION (CITY/PROVINCE, STATE/COUNTRY): \_\_\_\_\_ DATE: \_\_\_\_\_ CLOCK HOUR(S): \_\_\_\_\_

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**TOTAL CLOCK HOURS FOR CONTINUING EDUCATION**      Total \_\_\_\_\_