

Children’s Dyslexia Centers Inc: Continuing Education Unit Log

Please type or print. Please use as many pages as necessary to accurately report your CEU activities. Thank you.

Name: _____ Email: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Initial Level Center: _____ Initial Level Date: (M/Y) _____

Certification Level(s): Initial Advanced Initial Trainer Advanced Trainer

CEU Date	Title of CEU Activity	Sponsoring Organization	# Hours

Signature: _____ Date: _____