

BDDT-N Summary of Credits for 2008-2010 CE Requirements

For the CE period of March 1, 2008 to February 28, 2010

Name of Active Registrant _____ Reg. # _____

Record details of your CE courses and credits in table below. Attach proof of attendance for courses/activities.
Retain all CE documentation until requested by the BDDT-N.

2 credits in each of the following:

- * Pharmacology
- * Jurisprudence

The following limitations apply to all credits:

2 credits each in any 3 of the following modalities:

- * Acupuncture/Asian Medicine
- * Homeopathic Medicine
- * Manipulation
- * Lifestyle Modification & Counseling
- * Nutritional Medicine
- * Botanical Medicine
- * Physical Therapies

- Any One Modality (max 20)
- Company Sponsored (max 10)
- Board/Committee Work (max 5)
- Tapes, Videos, Conferencing (max 10)
- Book Publishing (max 5)
- Teaching (max 10)
- Preceptor hosting (max 5)

20 General credits

CPR training (Heart & Stroke level A or higher)

| Modality/Subject <small>(for specified credits)</small> | Title of Seminar, Course, Lecture, Tape/CD, Book | Date Taken | Name of Sponsor, Presenter or Author | Credits Earned |
|--|---|---------------|---|-------------------|
| Pharmacology | | | | |
| Jurisprudence | | | | |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| General Credits: | | | | |
| <small>(if you require more space, use other side of form)</small> | | | | |
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| | | | | |

Total Specified Credits

Total General Credits

Date of most recent CPR training: _____
(attach copy of CPR certification card)

Signature of Registrant _____

| General Credits: | Title of Seminar, Course, Lecture, Tape/CD, Book | Date Taken | Name of Sponsor, Presenter or Author | Credits Earned |
|---|---|-----------------------|---|---------------------------|
| (include the number of CE credits from this side in the totals at the bottom of the other side of form) | | | | |
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