



CHED CE Form

Name: _____ Date: _____

Email: _____

P-RDT#: _____ RDT#: _____ BCT#: _____ Student Member: _____ Other: _____

Organization Name: _____

Event Name: _____ Event Date: _____

Event Length: _____

Type of Event (Place **X** in box): Workshop Conference Symposium Lectures
 Training Parlour Talk/Discussion CHED Workshop Series Other

Please choose one: Virtual In-Person Both

Event Description: _____

Facilitator/s Name/s and Credentials (if different from above):

Please explain how this meets NADTA Cultural, Humility, Equity, Diversity standards.

Signature: _____

For Board Use Only

Date: _____

_____ Approved _____ Denied