

MTANS CEU – ACTIVITY REPORT FORM PAGE 1

MTANS MEMBER NUMBER:

_____ to _____
CYCLE START DATE (MM/DD/YYYY) CYCLE END DATE (MM/DD/YYYY)

Please PRINT

PLEASE PRINT

MEMBER SURNAME _____ GIVEN NAME _____

MAILING ADDRESS:

E-MAIL:

TITLE OF ACTIVITY	DATES	SUMMARY OF REPORTING DOCUMENTS	PRIMARY HOURS	SECONDARY HOURS

PLEASE COMPLETE THE SUMMARY ON “CEU ACTIVITY REPORT FORM PAGE TWO”

MTANS CEU ACTIVITY REPORT FORM PAGE TWO

TITLE OF ACTIVITY	DATES	SUMMARY OF REPORTING DOCUMENTS	PRIMARY HOURS	SECONDARY HOURS

TOTAL NUMBER OF HOURS **PRIMARY** ACTIVITY DIVIDED BY TWO = _____ CEUS

TOTAL NUMBER OF HOURS **SECONDARY** ACTIVITY DIVIDED BY THREE = _____ CEUS

TOTAL NUMBER OF CEUS

X _____
MEMBER SIGNATURE

DATE

DO NOT INCLUDE/ENCLOSE ANY SUPPORT DOCUMENTS AT THIS TIME

DELIVER NO LATER THAN THE FINAL DECEMBER 31ST OF YOUR TWO YEAR REPORTING CYCLE TO ONE OF THE FOLLOWING:

MASSAGE THERAPISTS' ASSOCIATION OF NOVA SCOTIA
ATTENTION: CEU COMMITTEE
P. O. BOX 9410, STATION A,
HALIFAX, NOVA SCOTIA B3K 5S3 (902) 429-2190

IN PERSON: A.B. THOMPSON, (MTANS HEAD OFFICE)
ATTENTION: MTANS - CEU COMMITTEE
SUITE 700, 6009 QUINPOOL ROAD
HALIFAX, NOVA SCOTIA