

**NORTH DAKOTA BOARD OF DIETETIC PRACTICE**

**701-838-0218**

**[WWW.NDBODP.COM](http://WWW.NDBODP.COM)**

**CPE UNIT ACTIVITIES FORM FOR LN'S**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Beginning year of recertification: \_\_\_\_\_

This form is to be used for reporting CPE unit activities for licensure renewal in North Dakota. Licensee must show at least 75 hours of continuing education in a consecutive five-year period. Copy this form as needed and submit at the end of your five-year cycle.

1. \_\_\_\_\_  
Title

Provider \_\_\_\_\_

#CPE Units \_\_\_\_\_ Date Completed \_\_\_\_\_

2. \_\_\_\_\_  
Title

Provider \_\_\_\_\_

#CPE Units \_\_\_\_\_ Date Completed \_\_\_\_\_

3. \_\_\_\_\_  
Title

Provider \_\_\_\_\_

#CPE Units \_\_\_\_\_ Date Completed \_\_\_\_\_

4. \_\_\_\_\_  
Title

Provider \_\_\_\_\_

#CPE Units \_\_\_\_\_ Date Completed \_\_\_\_\_

5. \_\_\_\_\_  
Title

Provider \_\_\_\_\_

#CPE Units \_\_\_\_\_ Date Completed \_\_\_\_\_

I understand that the ND Board of Dietetic Practice may audit me for proof of CPE units attended.

Signature \_\_\_\_\_

TOTAL CPE units this page \_\_\_\_\_