



## CONTINUING MEDICAL EDUCATION (CME) REPORT FORM

CARDUP maintains a record of all reported CME credits, sending updated transcripts throughout the year to each current registrant. As a registrant it is your responsibility to submit CME activity to us on a regular basis. You can use this form for the purpose of recording your CME credits. When submitting CME credits to CARDUP, please also provide documentation of attendance. CME documentation must include the following information:

- Name of registrant
- Date of Course or Activity
- CARDUP registry number
- Sponsoring organization
- Title of course or activity
- Total number of credits earned

Please attach photocopies or faxes only of certificates of attendance for each of the activities that you list below.

**Please make copies of this blank form for use throughout the year.**

**Please print or type the following information:**

Name: \_\_\_\_\_ CARDUP #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The Canadian  
Association of  
Registered  
Diagnostic  
Ultrasound  
Professionals

PO Box 119  
Kemptville, ON  
K0G 1J0

877-488-0788  
613-258-6318  
888-743-2952-fax

Date	Hours/Credits Earned	Sponsoring Organization	Course #	Program Title
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____