X-RAY NEWS™

RES
Radiology Education Seminars™

Record of Continuing Education (CE) Activity Credit Hours Earned

Name: _____ Type of Certificate: _____

Certificate Period: _____ # of Credit Hrs Required: _____

Date **Credits Hours Acquired** **or** **Date Mailed In**	**Description of Credit Hours** (example: XRN DR ##) *(make copies of Answer Sheets and Certificates)*	**Check (√)** **when copies made** (attach copies to this form)	**Number of Credit Hours for this activity**	**Cumulative Total of Credit Hours for Current Certificate Period**
Example: *1/31/08*	*Example:* *XRN DR-030*	*Example:* √	*Example:* *4*	*Example:* *4*
Example: *2/23/08*	*Example:* *RES Class*	*Example:* √	*Example:* *7*	*Example:* *11*