PROFESSIONAL DEVELOPMENT LOG

Name: _____   **SCPP Member #:** _____   **Licensing Year:** _____

DATE(S)	PROGRAM TITLE AND PROVIDER (ACCREDITED) OR PRACTICE ISSUE (NON-ACCREDITED)	CEUs		KEY IDEAS/THOUGHTS/LEARNING POINTS
		ACCR	**NON-ACCR**	

Total CEUs: _____   Accredited: _____   Non-accredited: _____   **Signature:** _____