



CPDPP

Continuing Professional Development
For Pharmacy Professionals

PROFESSIONAL DEVELOPMENT LOG

Name: _____

SCPP Member #: _____

Licensing Year: _____

| DATE(S) | ACCREDITED PROGRAM (TITLE AND PROVIDER) OR NON-ACCREDITED PROFESSIONAL DEVELOPMENT ACTIVITY | CEUs | | KEY IDEAS/THOUGHTS/LEARNING POINTS |
|---------|---|------|----------|------------------------------------|
| | | ACCR | NON-ACCR | |
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|-------------------|-------------------|-----------------------|------------------|
| Total CEUs: _____ | Accredited: _____ | Non-accredited: _____ | Signature: _____ |
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