

- STUDY GROUP** (minimum three members / therapists / health professionals)
- FIELD TRIP** (independent or group)
- MTANS BONUS ACTIVITY** (as specifically designated by MTANS CEU POLICY PART 2-4.III.)

Who was the group?	Designation	Day Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Where was the activity conducted? _____

Date of activity: _____ Time of the activity: from: _____ to: _____

- Primary Activity Total hours _____ divided by TWO = _____ CEUs
- Secondary Activity Total hours _____ divided by THREE = _____ CEUs
- MTANS BONUS Activity: _____ = _____ CEUs

What was the focus? _____

How was the activity structured? _____

What study aids and/or reference material was used? _____

Please comment on how you might improve on the structure or outcome of this activity in the future. ____
