Center for Advanced Psychoanalytic Studies

CME/CE SIGN-IN SHEET – SPRING 2011

CAPS Group #:_____(# of Sessions:) _____*(*# of Hours*:)*
_____

Presenter(s): _____

Course/Seminar Date:_____ Start Time: _____ End Time: _____
Course/Seminar Date:_____ Start Time: _____ End Time: _____
Course/Seminar Date:_____ Start Time: _____ End Time: _____
Course/Seminar Date:_____ Start Time: _____ End Time: _____

Continuing Education Requirements:
Please initial each date attended in order to obtain CE/CME credits

Name	Title	Date	Date	Date	Date	Date	Date	Date	Date	Date

The Center for Advanced Psychoanalytic Studies is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.