## Alaska Board of Chiropractic Examiners Continuing Education Activity Log

**NOTE:** THIS IS <u>NOT</u> TO BE SUBMITTED TO THE BOARD FOR RENEWAL OF YOUR LICENSE. THIS FORM IS BEING PROVIDED FOR <u>YOUR PERSONAL RECORDS ONLY.</u>

NAME:	AK License #:
RENEWAL PERIOD:	

Course Provider	Course/Program Title	AK Course #	Credit Type/Hours	Credit Type/Hours	Credit Type/Hours	Date(s)	Online Y/N	Received Certificate Y/N