**Educational Activities Form**

This tool is provided for documenting participation in continuing education. Educational activities completed by key personnel during the current accreditation cycle must be provided to FACT prior to an on-site inspection. Equivalent documentation is acceptable if, at a minimum, the following are included: date of activity, title of activity, type of activity, topic of activity, and approximate number of hours of the activity. Meeting names and topics must be defined. Recognized educational activities include both certified continuing medical education credits and non-credit educational hours, including presentations and conferences. **Refer to the applicable standard to ensure activities meet minimum requirements.**

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| **Name:** |  | | | |
| **Position:** |  | | | |
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| **Date of activity** | **Title of activity** | **Type of activity (e.g., webinar, meeting, grand round)** | **Topic of activity (e.g., hematology, cell transplantation)** | **Approximate number of hours of activity** |
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