Qualified Medical Provider
Continuing Education Activity Log (Standard Cycle)
Illinois Attorney General Sexual Assault Nurse Examiner Program

This Continuing Education Activity Log is designed to track continuing education (CE) over a three-year verification cycle. To support ongoing competency, providers are encouraged to complete **10 CE hours each year**, with 3 CE hours focused on Annual Priority Topics and the remaining 7 CE hours completed through additional education relevant to caring for individuals impacted by sexual violence.
This totals 30 CE hours over the three-year cycle.

Annual Priority Topics
- Trauma-informed care & communication skills
- Vicarious trauma & professional wellness
- Mandatory reporting requirements

Year 1 of Verification Cycle: _____ **Total Completed CE Hours in Year 1:** _____

Date	Continuing Education Course	# of CE's	Organization Offering Continuing Education Course	Activity Description
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements

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Year 2 of Verification Cycle: _____ **Total Completed CE Hours in Year 2:** _____

Date	Continuing Education Course	# of CE's	Organization Offering Continuing Education Course	Activity Description
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements

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Year 2 of Verification Cycle: _____

Date	Continuing Education Course	# of CE's	Organization Offering Continuing Education Course	Activity Description

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Year 2 of Verification Cycle: _____

Date	Continuing Education Course	# of CE's	Organization Offering Continuing Education Course	Activity Description

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Year 3 of Verification Cycle: _____ **Total Completed CE Hours in Year 3:** _____

Date	Continuing Education Course	# of CE's	Organization Offering Continuing Education Course	Activity Description
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements
				Annual Priority Topic ☐ Trauma-informed care & communication skills ☐ Vicarious trauma & professional wellness ☐ Mandatory reporting requirements

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Year 3 of Verification Cycle: _____

Date	Continuing Education Course	# of CE's	Organization Offering Continuing Education Course	Activity Description

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Year 3 of Verification Cycle: _____

Date	Continuing Education Course	# of CE's	Organization Offering Continuing Education Course	Activity Description