**CATEGORY A:** **UROLOGIC HEALTH CARE**

***Please type***

Photo copy this form if additional space is needed.

A minimum of 36 contact hours in Category A (Urologic specific activities) are required.

"The Recertification Process" booklet is available online at www.cbuna.org for the most current list of accepted contact hour sources 12/2021

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| **(1)****Activity Title** | **(2)****Date of Activity****(chronological****order)** | **(3)****Activity Sponsor** | **(4)****Accredited Provider or Provider #** | **(5)****Location****(City and State)** | **(6)****Type of Contact hours\*** | **(7)****Number of****Approved****Contact Hours** | **(8)****Office****Use****Only** |
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**\*Type of Contact Hour:**

A = Author

CME = Continuing Medical Education

NCPD = Nursing Continuing

Professional Development

E = Editor

H = Home Study

M = Meeting Attendee

S/P = Speaker/presenter

O = Other

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| --- |
| Name:      Total contact hours this page:       |
| Grand total of all Category A pages:       Minimum 36 Contact Hours |