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| **NAME:** | **CTFN No.:** |

Notes: Name and CFTNO will repeat in the header on each page.

Cells will expand as you type. You can use Tab to move cursor.

For check box, place cursor over box then left click or spacebar to check/uncheck.

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|  | **Item** | **Name of Event**  **and**  **Organization or Sponsor** |  | **1 to 3 CDE Competencies** | **Supporting Documentation in Portfolio** | |  |
|  | **Date** |  |  | **Topic** | **Length** | **Credits** |  |
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Need more rows? Please start a new form.