Approved Clinical SUPERVISOR™

ACS Continuing Education Log

Record the activities that you attend for recredentialing of your ACS credential. The activities must occur within the five-year credentialing cycle.

My credentialing date is: _____

My expiration date is: _____

Dates	Course/Activity	Provider/Sponsor Name	Type of Documentation	# of Hours
			GRAND TOTAL	

Please copy this form as necessary