



Participant Initiated Non-RID Activities Form (PINRA)



CMP Participant Name: _____ RID Member #: _____

CMP Address: _____

CMP Email: _____

Activity/Conference Name: _____

Activity/Conference Theme or Focus: _____

Presenter Name: _____

Date and Times of activities you will attend: _____

Total number of CEUs to be awarded: _____

Circle content area: Professional Studies

General Studies

I certify that this activity/conference represents a valid and certifiable Continuing Education Experience that exceeds routine employment responsibilities.

- A copy of brochure/flyer/announcements
- a short report about experiences/benefits

- A copy of completion certificate/attendance registration (documentation of attendance)

CMP Participant Signature: _____ Date: _____

Name of Approved Sponsor: Trix Bruce

For Trix's Box Only

I certify that I received this activity plan prior to the start of the activity/conference and I agree to sponsor this Continuing Education Experience. I will verify successful completion prior to awarding CEUs.

RID Sponsor Name: Trix Bruce

Signature: _____

RID Sponsor Code: _____

Date: _____

RID Activity Code Number:

_____ Internal Code (optional)

I have verified that the participant attended this activity/conference and that the activities listed are appropriate educational experiences which should be awarded the number of CEUs denoted above,

RID approved Sponsor Signature Administrator: _____ Date: _____