**Professional Development Log for Pharmacy Technicians**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Program Title, Provider, File No. (accredited), or Practice Issue (non-accredited) | Contact Hours | | Key Ideas/ Thoughts/ Learning Points |
| ACCR(CEU) | Non-ACCR |
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| Total Contact Hours  (minimum of 15 hours of learning activities each PD Year including a minimum of 5 accredited CEU) | |  |  |  |