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STUDY GROUP FORM

CATEGORY I ONLY

Please Print and use the back of the page if necessary for completing questions

Each member of your group will complete this form.

STUDY GROUP (minimum three members)

Total hours _____ Total credits _____ Total hours divided by 2 _____

Where was the activity conducted? _____

Date of activity: _____

Who was the group? (minimum three members)

Member #'s

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

What was the focus? _____

How was the activity structured? _____

What study aids and/or reference material was used? _____

Please comment on how you might improve on the structure or outcome of this activity in the future.

Please submit this form with the CEU activity log sheet

<i>Office Use Only</i>	
Date Received _____	Date Processed _____