

Participant Initiated Non-RID Activities (PINRA)

Before the start of the activity/conference, this section must be filled out and signed by both the participant and RID Approved Sponsor:

Participant Name: [Click here to enter text.](#)

RID Member #: [Click here to enter text.](#)

Participant Address: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Phone #: [Click here to enter text.](#)

Activity/Conference Name: [Click here to enter text.](#)

Activity/Conference Theme or Focus (attach brochure/flyer) [Click here to enter text.](#)

Date and Times of activities you will attend: [Click here to enter text.](#)

Total number of CEUs to be awarded: [Click here to enter text.](#)

Check CEUs desired: ☐ Professional Studies ☐ General Studies ☐ Legal ☐ PPO

Name of organization or entity that approved the activity for their own credits: [Click or tap here to enter text.](#)

Relevance Statement: Please describe, in your own words, how this activity is relevant to your professional development goals: [Click or tap here to enter text.](#)

Professional Studies Justification: If you are seeking Professional Studies CEUs, please answer the following questions:

1. Why is this educational pursuit important for your professional development?
[Click or tap here to enter text.](#)
2. How will you use the information gained?
[Click or tap here to enter text.](#)
3. Is it to address an immediate or time limited issue or long-term learning?
[Click or tap here to enter text.](#)
4. Is the information of a unique nature or necessary for development of a specialization?
[Click or tap here to enter text.](#)

For Internal Use Only

Name and Code of RID Approved Sponsor: [Click here to enter text.](#) [Click here to enter text.](#)

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 Administrator Name: [Click here to enter text.](#) **Signature:** [Click here to enter text.](#)

RID Sponsor Code: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

This section must be filled out and signed upon completion of the activity/conference:

Activity Code Number [Click here to enter text.](#) CEUs Awarded: [Click here to enter text.](#)

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: [Click here to enter text.](#) Date: [Click here to enter a date.](#)