

INDIVIDUAL CPD ACTIVITY RECORD

Please complete and return to the AHPCSA

This record is the only data collection required for individual practitioners. It must be duly completed and accurately reflect your CPD activities. Do not submit the relevant certificates. These will be requested separately, if so required.

Registration No. with AHPCSA:	
Surname:	
First Names:	
Identity Number:	
Date of the Audit:	Registered Profession/s:

Please indicate the category in which you are currently working:

Public Service Training institution Private Practice
 Research Education Other (please indicate)

Points accrued

Name of provider	Description of Activity	Date	Lev 1	Lev 2	Lev 3	Total

Grand total						

I, the undersigned, certify that the information contained in this Individual Activity Record is correct in all respects.
