



THE ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

GUIDELINES FOR CONTINUING PROFESSIONAL DEVELOPMENT

ANNEXURE A: INDIVIDUAL CPD ACTIVITY RECORD

The Individual Capacity CPD activity record is also available at: <https://ahpcs.co.za/continuing-professional-development-cpd/>

Complete this fillable PDF form and return it to the AHPCSA.

This record is the only data collection required for individual practitioners if there is no AHPCSA CPD administration online platform available. In the absence of an AHPCSA CPD Administration online platform all CPD activities must be recorded manually by submitting a duly completed Individual CPD Activity Record to accurately reflect your CPD activities. You are not required, at this stage to submit the relevant certificates, but you are required to keep these on record if they are required for validation and requested separately.

If an AHPCSA CPD Administration online platform system is available, all CPD activities must be recorded as stipulated in the AHPCSA's CPD Guidelines and this Individual CPD Activity Record must also be duly completed and accurately reflect your CPD activities. As in the previous case, you are not required, at this stage to submit the relevant certificates, but you are required to keep these on record in the event that they are requested separately, if so required, for validation.

AHPCSA registration number		
Surname		
First name(s)		
Identity / passport number		
Date of the audit		
Indicate your current employment category	Public service	Training institution
	Private practice	Research education
	Other (please specify)	

RECORD OF CEUs ACCRUED

Date of activity	Name of provider	Description of activity	CEU level	Number of CEUs
Total CEUs:				

In the event that an AHPCSA CPD Administration online platform system is available, I confirm that I have uploaded the required CPD activity data on the _____ (day) of _____ (month) _____ (year).

I fully agree and understand that it is my duty and obligation to ensure that I am CPD compliant and that all my CPD activities are correctly and accurately recorded on this form and/or uploaded onto the AHPCSA CPD Administration online platform system (if available).

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

Name and surname: _____ Signature: _____

AHPCSA registration number: _____ Profession: _____