Form CPD 1 IAR

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

INDIVIDUAL ACTIVITY RECORD

Please complete and return to: The CPD Officer, HPCSA, P O Box 205, PRETORIA, 0001 or submit the above with the supporting documentation electronically to cpd@hpcsa.co.za or fax to 012 3285120.

This record is the only data collection required for individual practitioners. It must be duly completed and accurately reflect your CPD activities. Please attach certificates.

Professional Board	
Registration No. with HPCSA	
Surname	
First Names	
ID Number	
Date of the Audit	AUGUST 2009

Please indicate the category in which you are currently working:

Public Service ☐ Training institution ☐ Private Practice ☐ Research ☐ Education ☐ Other ……..

Points accrued (Please attach certificates)

Name of Provider	**Description of Activity/Accreditation Number**	**Date**		**Lev 1**	**Lev 2**	**Lev 3**	**Ethics, Human Rights or Medical Law**	**Total**
		From	To					

Name of Provider	Description of Activity/Accreditation Number	Date		Lev 1	Lev 2	Lev 3	Ethics, Human Rights or Medical Law	Total
		From	To					
TOTAL								

I, the undersigned, certify that the information contained in this Individual Activity Record and the attached certificates are correct in all respects.

_____ _____

SIGNATURE **DATE**

/hds