

Professional Board

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA HEALTH PRACTITIONER'S INDIVIDUAL CPD 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 record of CPD activities required of individual practitioners. It must be duly completed and accurately reflect CPD activities. Please maintain certificates attend and attach certificates when audited.

Registration No. with HPCSA								
Surname								
First Names								
ID Number								
Date of the Audit								
Please indicate the category in whi	ich you are currently working:							
Public Service Training in	stitution Private Practice F	Research	Education	n 🗌 Oth	ner			
CEUs accrued (Please attach cert	tificates)							
Name of Provider	Description of Activity/Accreditation Number	Date					Ethics,	
		From	То	Lev 1	Lev 2	Lev 3	Human Rights or Medical Law	Total

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

TOTAL		
I, the undersigned, certify that the information contained in this Individual Activi	ty Record and the atta	ached o
SIGNATURE /hds	DATE	