



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
INDIVIDUAL ACTIVITY RECORD CPD 1

Please complete and return to:

The CPD Officer, HPCSA, P O Box 205, PRETORIA, 0001

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

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

Points accrued prior to 2005 (Please attach certificates)

Name of Provider	Description of Activity	Date		Cat 1	Cat 2	Cat 3	Total
		From	To				
GRAND TOTAL							

CEU's submitted for 2005 (Please attach certificates)

Name/Number of Provider	Description of Activity	Date		CEU's Level 1	CEU's Level 2	CEU's Level 3	Total
		From	To				
GRAND TOTAL							

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

SIGNATURE

/hds

DATE