



**PCIPC CONTINUOUS PROFESSIONAL
ACTIVITY REGISTER FORM**
(to be completed by individuals for submission of a CPD Activity)
(ALL SECTIONS TO BE COMPLETED)

Date:

Name and Surname:

PCIPC Registration Number:

Contact Number: Email Address

Tick the stream you completed and note the relevant CPD credits for the activity:

<input type="checkbox"/> Stream 1: Developmental Activities	Credits:	<input type="text"/>
<input type="checkbox"/> Stream 2: Work-based Activities	Credits:	<input type="text"/>
<input type="checkbox"/> Stream 3: Individual Activities	Credits:	<input type="text"/>

Date on which the activity took place:

Provide details of the Activity:

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In case of Category 1 rate:

- The relevance of the activity					
- The content of the activity (technical and other)					
- The quality of the presenter					
- The overall rating of the activity					

I declare that the information contained in this CPD Activity Register form, is complete, accurate and true to the best of my knowledge. I further declare that I understand that I must keep verifiable evidence of all the CPD activities and the PCIPC may conduct a random audit of my activity(ies) which would require me to submit the evidence to the PCIPC.

Signature of Registered Professional:

ON COMPLETION OF THIS FORM FAX TO 086 692 7230 OR BY EMAIL TO cpd@pcipc.org