

Professional Board

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.

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

2								
	Description of Activity/Accreditation Number	Date					Ethics,	
Name of Provider		From	То	Lev 1	Lev 2	Lev 3	Human Rights or Medical Law	Total
	ı	1	1					
TOTAL								
I, the undersigned, certify that the information contained in this Individual Activity Record and the attached certificates are correct in all respects.								

I, the ur	indersigned, certify that the information contained in this	Individual Activity Record and the attached
/hds	SIGNATURE	DATE