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|     Form CPD 1 IAR   | **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 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 of attendance and submit when audited.

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

Please indicate the category in which you are currently working:

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

**CEUs accrued** (Please attach certificates)

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| **Name of Provider**  | **Description of Activity/Accreditation** **Number**  |  | **Date**  |  | **General**  | **Ethics, Human Rights and Health Law**  | **Total**  |
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| **Name of Provider**  | **Description of Activity/Accreditation** **Number**  |  | **Date**  |  | **General**  | **Ethics, Human Rights and Health Law**  | **Total**  |
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I, the undersigned, certify that the information contained in this Individual Activity Record and the attached certificates are correct in all respects.

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 **SIGNATURE DATE**

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Update: 23 June 2016