

CPD Self-Certification Form

To be retained by the member for six years.

Personal details	
Member's name:	
Membership category:	
Please tick box*	
Full member	<input type="checkbox"/>
Associate member	<input type="checkbox"/>
Retired member	<input type="checkbox"/>
Membership number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Summary		
CPD year		
	Requirement	Actual
Structured CPD hours	...hours	...hours
Unstructured CPD hours	...hours	...hours
Total	...hours	...hours

I certify the above to be a complete CPD record. Non-core subjects have been included to no more than one half of the required hours.

\* Please refer to CPD guidelines

x \_\_\_\_\_  
Signature

Date   /   /      
MM DD YYYY