

SUMMARY OF CPE RECORDS

Full Name: _____

Membership No: _____

CPE YEAR: 1 JANUARY _____ TO 31 DECEMBER _____					
S/N	DATE	DESCRIPTION OR TITLE OF COURSE/SELF-LEARNING ACTIVITY	SOURCE/ PROVIDER	CPE HOURS	
				VERIFIABLE ¹	NON-VERIFIABLE
			SUB-TOTAL		

¹ Kindly retain the evidence of participation for the verifiable activities only and mark on the supporting documents the serial number (i.e. S/N) to which the activity relates. **Please also indicate an asterisk (*) beside the courses which fulfil the ethics requirement.**

[Please attach additional sheets if more space is required]

 Member's signature/Date