FAX: 604 687.1221
www.instituteofat.org

The Institute of
Accounting Technicians

Personal Record Sheet of CPD Undertaken

To be retained by the member for six years.

Member Name: _____

Date(s)	Title of CPD	CPD provider, sponsoring organization	Verifiable CPD Hours	Unverifiable CPD Hours
Total for the year ended December 31, _____				

* Retain back-up documents (e.g. course description or outline) and records of enrolment for a total of 6 years for possible review or audit by the Institute.

x _____ _____

Signature Date (MM/DD/YYYY)