## **CPD Self-Certification Form**

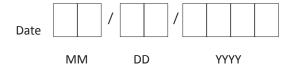
To be retained by the member for six years.

Personal details	
Member's name:	
Membership category:	
Please tick box*	
Full member	
Associate member	
Retired member	
Membership number:	

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. Signature

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(Form 6CPD) 01/2012

\* Please refer to CPD guidelines