



**Health Professionals Council  
Continuing Professional Development**

**Portfolio Activity Log**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ HPC Registration Number: \_\_\_\_\_

Activity Log for period \_\_\_\_\_ to \_\_\_\_\_

DATE	DESCRIPTION OF ACTIVITY	OUTCOME (knowledge/skills)	Duration <i>Number of hours</i>	POINTS <i>(For office use only)</i>
<b>TOTAL FOR THIS PERIOD:</b>				

**I confirm that this activity log drawn up by me is an accurate record of the CPD work I have undertaken during the specified period**

Registrant signature: \_\_\_\_\_

Date: \_\_\_\_\_