



**Health Professionals Council
Continuing Professional Development**

CPD RECORD / PORTFOLIO ACTIVITY LOG

Name: _____ **Profession:** _____

HPC Registration Number: _____

#	DATE	TYPE OF ACTIVITY	DURATION <i>Number of hours</i>	REMARKS <i>(For office use only)</i>	POINTS <i>(For office use only)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					

TOTAL FOR THIS PERIOD:

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E &T Member Signature: _____

E &T Member Signature: _____

Date: _____

Date: _____