



**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>	REMARKS <i>(For office use only)</i>	POINTS <i>(For office use only)</i>
TOTAL FOR THIS PERIOD:				Chair of E&T(CPD) Signature: _____ E&T(CPD) Member Signature: _____ Date: _____	

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: _____