

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) LOG RECORD

Qualifying Period					
Start Date					
End Date					

Please provide information for each learning activity until the required minimum CPD points is achieved.

Dates	Topic(s) / Title(s)	Organiser(s)	Туре	No. of Hours	CPD Points		
	Overall Total of CPD Points						

*Please add a separate copy as needed.

NOTE:

Topic/Title Type : Name of the session or particular topic / title etc.

: Attendee / Speaker / online learning etc.

CPD Points : 1 hour session is equivalent to 1 CPD point, some activities may also be in point-based system.

To be verified by the Head of the Unit or its equivalent.

Name :			
Job Title :			
Contact Number :			
Email :			
CRITERIA:			
CPD Points Achieved: RN 20 CPD Points		YES	
RAN 15 CPD Points		NO	If NO, please specify reason:
Satisfactory Individual Performance Appraisal or others:		YES	Grade:
		NO	If NO, please specify reason:
Please specify type f	or others:		

Declaration

I confirm that _____

has demonstrated that he/she has complied with all of NBB practising certificate / license renewal requirements as per Standard of Registration.

I agree to be contacted by NBB to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse's renewal application at risk.

	Official Stamp
Signature	
Date	