



**MAJLIS PROFESION  
KESIHATAN BERSEKUTU  
NEGARA BRUNEI DARUSSALAM**

ALLIED HEALTH PROFESSIONS COUNCIL  
OF BRUNEI DARUSSALAM



**CONTINUING  
PROFESSIONAL  
DEVELOPMENT  
(CPD)**

Full Name:

Registration ID:

Profession:

Practise Certificate Validity:

Email Address:

Contact Number:



## Guideline to Awards of Credit Points

Category	Examples of Activities	CPD Point Entitlement	Maximum CPD Point Annually
1	<p><b>A.</b> Attendance to formal learning activities, e.g., lecture, seminar, workshop, course, symposia, congress or conference (including tele/video conference (locally or abroad)) of:</p> <p>i) less than 2 hours.</p> <p>ii) more than 2 hours in ½ day.</p> <p>iii) 1 full day.</p> <p>iv) more than 2 days.</p>	<p>i) 1 point</p> <p>ii) 2 points</p> <p>iii) 3 points</p> <p>iv) 2 points per ½ day or 3 points per full day (maximum 3 points per day and 10 points over the entire period)</p>	No maximum points
	<p><b>B.</b> Participation in clinical meeting, case discussion, journal club and social media discussion.</p>	1 point per activity (irrespective of time spent)	10 points maximum
	<p><b>C.</b> Self-Directed Learning (SDL) with relevance to profession:</p> <ul style="list-style-type: none"> <li>- Reading paper/journal/article/literature.</li> <li>- Audio and/or visual CPD.</li> <li>- Online CPD.</li> </ul>	1 point per activity (irrespective of time spent)	10 points maximum
2	<p><b>A. Teaching</b></p> <p>i) Teaching/tutorial per session (regardless of duration).</p> <p>ii) Presentation of topic/paper or media talk show.</p> <p>iii) One to one supervising/mentoring session (regardless of duration).</p>	<p>i) 2 points</p> <p>ii) 3 points</p> <p>iii) 5 points</p>	10 points maximum
	<p><b>B. Research</b></p> <p>Publication of an original paper in a journal.</p>	5 points	No Maximum Points
3	<p><b>Audit</b></p> <p>i) Participation in an audit meeting.</p> <p>ii) Undertaking a project on audit.</p>	<p>i) 1 point</p> <p>ii) 4 points</p>	10 points maximum

## Continuing Professional Development (CPD) Log Sheet

Please record all CPD activities in the table below.

To be filled by Registrant					To be filled by Supervisor/HOS*		
Date	Description of Activity (please provide details, e.g., title of reading, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)		CPD Points
					1	2	3

\* HOS: Head of Service/s

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	



To be filled by Registrant						To be filled by Supervisor/HOS		
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

To be filled by Registrant					To be filled by Supervisor/HOS			
Date	Description of Activity (please provide details, e.g., title of readings, course name)	Type of Activity/ Duration	Program Provider/ Author	Role (e.g., participant/lecturer/ moderator/author/reviewer)	Category (Please tick)			CPD Points
					1	2	3	

**Individual Summary of CPD Point Achieved Annually**

CPD Category	CPD Points	Documentation/ Validation Included? (Y/N)	Head of Service/Supervisor Signature & Date
1			
2			
3			
TOTAL			

Please state reason/s for failure to meet annual CPD Requirement (if applicable):

Name of Head of Services/ Supervisor	Date
Signature	Official Stamp

Allied Health Professions Council of Brunei Darussalam,  
Ministry of Health,  
Commonwealth Drive,  
Bandar Seri Begawan,  
Brunei Darussalam, BB3900