



## HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

### INDIVIDUAL ACTIVITY RECORD

**Please complete and return to:** The CPD Officer, HPCSA, P O Box 205, PRETORIA, 0001 or submit the above with the supporting documentation electronically to [busij@hpcsa.co.za](mailto:busij@hpcsa.co.za); [thabisom@hpcsa.co.za](mailto:thabisom@hpcsa.co.za); [marym@hpcsa.co.za](mailto:marym@hpcsa.co.za); [lindiwes@hpcsa.co.za](mailto:lindiwes@hpcsa.co.za); [namhlam@hpcsa.co.za](mailto:namhlam@hpcsa.co.za); [andrewt@hpcsa.co.za](mailto:andrewt@hpcsa.co.za); [virginiam@hpcsa.co.za](mailto:virginiam@hpcsa.co.za); [raylenes@hpcsa.co.za](mailto:raylenes@hpcsa.co.za); [helendad@hpcsa.co.za](mailto:helendad@hpcsa.co.za) or fax to 012 328 9690

This record is the only data collection required for individual practitioners. It must be duly completed and accurately reflect your CPD activities for the year. Please attach certificates.

<b>Professional Board</b>	Medical and Dental Professions Board
<b>Registration No. with HPCSA</b>	MP
<b>Surname</b>	
<b>First Names</b>	
<b>ID Number</b>	
<b>Date of the Audit</b>	June 2006

**Points accrued prior to 2005** (Please attach certificates)

Name of Provider	Description of Activity/Accreditation Number	Date		Cat 1 Lev 1	Cat 2 Lev 2	Cat 3 Lev 3	Total
		From	To				
<b>GRAND TOTAL</b>							

