|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Activity Name | Provider | Role | Have you received approval for a single activity? | 1 - Practice Management | 2 - Professional Skills | 3 - Ethics or Professional Responsibility | 4 - Substantive Law | POINTS |
| Date of Activity  | Name of seminar, course or other activity such as publications | Name of activity provider | ParticipantPresenterCommentatorChair | Yes/ No  | Number of points for this category | Number of points for this category | Number of points for this category | Number of points for this category | Total Points |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Date | Publication | Topic | Words |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Subtotal  | Subtotal  | Subtotal  | Subtotal  | Total |

**NAME:**  **CPD YEAR:**