

Continuing Professional Development Record Form

A. PERSONAL PARTICULARS

Name in English: Prof/Dr/Ir/Mr/Mrs/Ms* _____

Membership No: _____

Company: _____

B. CPD Record

Starting Date:

Ending Date:

Item	Date	Nature (Training/ Seminar/ Conference/ Self-learning...)	Title	Organizer	Duration (hours)
Total hour of this page:					

* Please note that CPD requirement is 35 hours of CPD learning in every calendar year or not less than 70 hours within two consecutive years, Such CPD programmes should include 10 hours on occupational safety and health issues each years.

Page ___ of ___