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| CONTINUING PROFESSIONAL DEVELOPMENT  ATTENDANCE REGISTER(Please photocopy as necessary) |
| **NAME OF MEETING: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** **VENUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DATE OF MEETING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Please retain this sign in sheet in your office for a five-year period following the date of the meeting.*** |
| Full Name with Initials | Specialty | Email | Signature |
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**Please retain this sign in sheet in your office for a five-year period following the date of the meeting**

Appendix 2

Verification of internal events

 ***The attendance certificate should be printed on organiser headed paper***

# Attendance Certificate - Template

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| **CONTINUING PROFESSIONAL DEVELOPMENT (CPD)****ATTENDANCE CERTIFICATE** |
| **This is to certify that:** | **<Delegate Name>** |
| **Attended a meeting entitled:** | **<Title of Activity>** |
| **At the venue:** | **<Venue (if relevant)>****<Venue Address>** |
| **On the following date(s)\*:** | **<Date of Activity>** |
| **CPD Credit:** | **This activity attracts: <No of Credits>** **in the Internal (Practice and Evaluation) Category** |
| **Organised by:** | **<Organiser Name>** |
| **Contact:** | **<Organising Institution>****<Address, Phone, Email>** |

***\*Please note - one certificate may be issued for reoccurring meetings/events***

*Doctors who are participating in a Professional Competence scheme should retain this certificate in their Professional Competence Scheme portfolio*