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| CONTINUING PROFESSIONAL DEVELOPMENTATTENDANCE 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

|  |  |
| --- | --- |
| **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*