



Note: This form shall be filled by a Registrant who claims the CPD points to whom was not delivered. The claim shall be analyzed on case by case basis and recognized accordingly.

The completed form and supporting evidence shall be sent to:
rahpcpdcoordination@gmail.com

CPD CLAIM FORM

Type of **activity** attended:

Training Course/Session

Conference/Symposium

Workshop/Seminar/Presentation

Course/Topic:	
Start Date:	End Date:
Start time:	End time:
Venue / Location:	
Total number of hours (excluding break times):	
Providing Organization:	
Course facilitator (s)- Name & Title:	
Main Facilitator's E-mail Contact:	
Applicant's names:	
Professional category:	Professional Credential:
Registration Number:	
Applicant's contact (e-mail & Tel):	
Applicant address (work station):	
Applicant's Responsibilities:	
Briefly explain the main purpose of this event/activity attended:	

Applicant's Signature: _____

Date _____

FOR CPD COORDINATION OFFICE USE:

Received by:

Names: -----

Date: ----- Signature: -----

APPROVED CPD Points:

Date & Seal
