



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE!

Form CPD 1

**HEALTH PROFESSIONS COUNCILS OF NAMIBIA**  
**INDIVIDUAL ACTIVITY RECORD**

**Please complete and return to:**

*The CPD Desk, HPCNA, Private Bag 13387, Windhoek*

This record is the only data collection required for individual health professionals. It must be duly completed and accurately reflect your CPD activities for the year. Please attach completion certificates (form 4).

<b>Council</b>	
<b>Registration No. with HPCNA</b>	
<b>Surname</b>	
<b>First Names</b>	
<b>ID Number</b>	
<b>Date of the Audit</b>	
<b>Client No.</b>	



<b>GRAND TOTAL</b>								

I, the undersigned, certify that the information contained in this Individual Activity Record and the attached certificates are correct in all respects.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name in block letters**