

	<p style="text-align: right;"><i>CPD 1</i></p> <p style="text-align: center;">HEALTH PROFESSIONS COUNCILS OF NAMIBIA</p> <p style="text-align: center;">INDIVIDUAL ACTIVITY RECORD</p>
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Please complete and email to: cpd@hpcna.com.na

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).

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

