MEDICAL PRACTITIONERS AND DENTISTS BOARD
CPD DIARY

NAME:_____ **REG. NO:**_____

For use by the practitioner		
DATE & VENUE		
ACTIVITY/ EVENT		
CPD PROVIDER		
LEVEL & POINTS		
SIGNATURE & OFFICIAL STAMP		
For use by the Board		
VERIFICATION – BOARD AUTHORISED OFFICER		
NAME **DESIGNATION** **DATE & SIGNATURE**		

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