

**CERTIFICATE OF CPD ATTENDANCE**

ACCREDITATION NUMBER  
(from Accreditor/ Board)

TOPIC OF THE ACTIVITY

LEVEL OF THE ACTIVITY

NAME AND REGISTRATION NUMBER OF PRACTITIONER

DATE OF ACTIVITY

NUMBER OF CEU'S IN LEVEL(S)

<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Ethics, Human Rights and Medical Law</b>

\_\_\_\_\_  
**PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**