

MEDICAL LABORATORY TECHNOLOGISTS BOARD

Record Sheet of Continuing Professional Development (CPD) Programmes /Activities Attended for Voluntary Scheme

[This form should be returned to MLT Board before the end of May of each year.]

CPD Cycle (from 1 May 20 to 30 April 20)

Activities Category (1) - Attending CPD Activities

Period of							Programme / Activity Code (if applicable)	Title of CPD Programme / Activity	Organizer	Position Held	CPD Points Awarded
DD	MM	YY	to	DD	MM	YY					
			to							Attendee	
			to							Attendee	
			to							Attendee	
			to							Attendee	
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			to							Attendee	
			to							Attendee	
			to							Attendee	
			to							Attendee	
Sub-Total CPD Points Awarded [No maximum credit point for category (1)]:											

Name: _____ Registration Number:
 (Surname first, in block letters)

Signature: _____ Part: * I / II / III

* Please delete as appropriate

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CPD Cycle (from 1 May 20 ___ to 30 April 20 ___)

Activities Category (2) - Public Presentation and Publication

Period of Attendance							Programme / Activity Code (if applicable)	Title of CPD Programme / Activity	Organizer	Position Held (teacher, author, editor, etc.)	CPD Points Awarded
DD	MM	YY	to	DD	MM	YY					
			to								
			to								
			to								
			to								
Sub-Total CPD Points Awarded [Maximum 5 CPD credit points per cycle for category (2)]:											

Activities Category (3) - Self-study

Period of Attendance							Title of CPD Programme / Activity (e.g. Reading journals – please state the names of the journals subscribed)	Organizer	Position Held (reader, etc., if applicable)	CPD Points Awarded
DD	MM	YY	to	DD	MM	YY				
			to							
			to							
			to							
			to							
Sub-Total CPD Points Awarded [Maximum 3 CPD credit points per cycle for category (3)]:										

Grand Total CPD Points Awarded:

[Category (1) + (2) + (3)]

* I have fulfilled the yearly CPD requirement,

Please send me a Certificate of Achievement

I give my consent for the Board to publish my name on its website

Name: _____
(Surname first, in block letters)

Registration Number:

Part: