

Endorsement no. and date.....

**Summary Sheet  
Continuing Professional Development**

1. Name of the Education Provider:  
.....

2. Address:-  
.....

Telephone No .....

3. Title of the CPD activity:-  
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4. Name of the educational expertise/ presenters/ resource person and their qualifications  
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.....  
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5. Location of activity  
.....

6. Date or period .....

7. Number of CPD hours conducted .....

8. Number of participants attended:-.....

9. Details on the type of post activity evaluation used to assess the effectiveness of the activity (e.g. test/ quiz / questionnaire)

Type of assessment:-.....Evaluation  
by participants (give in number):-  
Excellent ..... Very Good ..... Satisfactory .....  
Unsatisfactory.....

(Annex the attendance list and copy of the certificate issued)

.....  
Signature

.....  
Rubber stamp (if any)

**Office use only**

1. Observations/ Comments by Secretary

- Attendance sheet Received - Yes / No
- Send reminder to get attendance sheet
- A sample of attendance certificate issued is received
- Course has been/ has not been successfully completed.

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Secretary's Signature

3. Observation by LSC

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Signature of Chairman / Vice Chairman