

Name of Doctor: _____

MCM Registration Number: _____

CPD ATTENDANCE RECORD SHEET FROM JANUARY 01, 2018 TO DECEMBER 31, 2018
(To be completed and submitted to MCM at mcm.cpd@gmail.com by Jan 06, 2019, late submission will not be accepted)

To be filled in by all doctors.

For submission to Medical Council of Mauritius (MCM) only if there is a discrepancy in the CPD points accumulated at the MCM

SN	Topic(s) / Name of Speaker(s)	Name of CPD Provider	Dates / Duration (hrs)	CPD Credit Points if known	Attendance certificate enclosed if applicable (Y/NA)

I ----- hereby certify that all the information provided in this application form is complete and correct to the best of my knowledge.

For Office use only

Total CPD points: ----- Approved: YES NO

Initial CPD Member:-----

Date:-----

Signature:-----

Issues noted:-----

For Office use only

Total CPD points: ----- Approved: YES NO

Initial CPD Member:-----

Date:-----

Signature:-----

Issues noted:-----
