



Name of Doctor: _____

MCM Registration Number: _____

CPD ATTENDANCE RECORD SHEET FROM JANUARY 01, 2019 TO DECEMBER 20, 2019

(To be completed and submitted to MCM at mcm.cpd@gmail.com by Dec 20, 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:

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