



Name of Doctor: \_\_\_\_\_

MCM Registration Number: \_\_\_\_\_

**CPD ATTENDANCE RECORD SHEET FROM JANUARY 01, 2021 TO DECEMBER 20, 2021**  
(To be completed and submitted to MCM at [mcm.cpd@gmail.com](mailto:mcm.cpd@gmail.com) by Dec 20, 2021, late submission will not be accepted)

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: .....

Remarks: .....

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