Please provide information for each learning activity until the required minimum CPD points is achieved.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Topic(s) / Title(s)</th>
<th>Organiser(s)</th>
<th>Type</th>
<th>No. of Hours</th>
<th>CPD Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall Total of CPD Points

*Please add a separate copy as needed.*

**NOTE:**
- **Topic/Title**: Name of the session or particular topic / title etc.
- **Type**: Attendee / Speaker / online learning etc.
- **CPD Points**: 1 hour session is equivalent to 1 CPD point, some activities may also be in point-based system.
To be verified by the Head of the Unit or its equivalent.

Name: 
Job Title: 
Contact Number: 
Email: 

CRITERIA:

CPD Points Achieved:  
RN  20 CPD Points  YES  [ ]  NO  [ ]  If NO, please specify reason:  
RAN  15 CPD Points  YES  [ ]  NO  [ ]  If NO, please specify reason:  

Satisfactory Individual Performance Appraisal or others:  
YES  [ ]  Grade: _____________________________  
NO  [ ]  If NO, please specify reason:  

Please specify type for others:  
________________________________________  
________________________________________

Declaration

I confirm that ____________________________________________________________ has demonstrated that he/she has complied with all of NBB practising certificate / license renewal requirements as per Standard of Registration.

I agree to be contacted by NBB to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse’s renewal application at risk.

Signature  

Date  

Official Stamp