APPENDIX SEVEN

ANNUAL ENRICHVIC CPD ACTIVITY SUMMARY

Name: _____ **Reg No:** _____ **Year:** _____

Use as a record of time and associated points for implementing professional development

Date (dd/mm/yy Document at time of participation).	**Participation in Activity** e.g. name of journal & topic of article read, course name & course description, specific details of on-the-job development, lecture name & details of lecture topic, clear description of activity undertake that improves practice as a pharmacist. (The records included below must be verifiable. Please include sufficient details).	**Associated CPD points** (note caps on activities listed in Appendix 2)
	Total	
	(Aggregate Total)	

(Retain a copy of this record in your ENRICHVIC folio)

Activity Summary Page Number _____

Signature: _____ **Date:** _____

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