

MEMBER NAME :

MEMBER ID : EMAIL :

INSTRUCTIONS:

1. Enter your Verifiable CPD in the forms below.
2. Enter your Non-Verifiable CPD as a total number in the space provided below.
3. Save this form for your records.
4. Email your completed form to cpd@cpabermuda.bm

YEAR : DATE:

COURSE TITLE :

PROVIDER :

COMPETENCY :

HOURS:

YEAR : DATE:

COURSE TITLE :

PROVIDER :

COMPETENCY :

HOURS:

YEAR : DATE:

COURSE TITLE :

PROVIDER :

COMPETENCY :

HOURS:

NON-VERIFIABLE HOURS (TOTAL):

YEAR : [REDACTED] **DATE:** [REDACTED]

COURSE TITLE : [REDACTED]

PROVIDER : [REDACTED]

COMPETENCY : [REDACTED]

HOURS: [REDACTED]

YEAR : [REDACTED] **DATE:** [REDACTED]

COURSE TITLE : [REDACTED]

PROVIDER : [REDACTED]

COMPETENCY : [REDACTED]

HOURS: [REDACTED]

YEAR : [REDACTED] **DATE:** [REDACTED]

COURSE TITLE : [REDACTED]

PROVIDER : [REDACTED]

COMPETENCY : [REDACTED]

HOURS: [REDACTED]

YEAR : [REDACTED] **DATE:** [REDACTED]

COURSE TITLE : [REDACTED]

PROVIDER : [REDACTED]

COMPETENCY : [REDACTED]

HOURS: [REDACTED]