

FORMAT FOR REPORTING A CONTINUING PROFESSIONAL DEVELOPMENT EVENT

A Date[s] of Event:

B Venue:

C Nature of Event [Conference/Seminar/Workshop]

D Theme:

E Particulars of Lecturers:

1 Name:

Address:

Theme of Lecture:

2 Name:

Address:

Theme of Lecture

3 Name:

Address:

Theme of Lecture:

4 Name:

Address

Theme of Lecture

- F No of Participants at the Event**
- G Any Drug or Product Exhibition? State Name of Company**
- H Number of Credit Units Awarded**
- I Were Learning Objectives Stated at the beginning of each lecture?**
- J Was Post Test administered at the end of the Lecture?**
- K Did Participants fill the Evaluation form?**
- L Were Certificates of Participation Issued at the end of the Event ?**
- M Was there an excess of income over expenditure at the end of the event?**
- N Any other Remarks**

**Chairman AGPMPN
Committee**

-----State

Chairman CPD

----- State

PLEASE COMPLETED FORM MAY BE SUBMITTED WITH ATTENDANCE SHEET TO NATIONAL CPD CHAIRMAN, DR F.E. OLOTU, CHRIST HOSPITAL, 11 ADEYEMI COLLEGE RD, ONDO, ONDO STATE. YOU CAN SCAN THESE DOCUMENTS AND EMAIL THEM TO MY ADDRESS: feolotu2010@gmail.com. THESE ARE PRECONDITIONS FOR SIGNING THE MDCN CREDIT RECORD SHEET OF PARTICIPANTS AT THE EVENT.