

CPD-LB
(Copy to be submitted)

TO: HEAD OF DEPARTMENT/DISCIPLINE:

Individual Summary of CPD Points Achieved for CPD programme. For The Year _____

Name: _____

I.C. No: _____

Appointment Date in MOH: (date/month/year) ____/____/____

Confirmation Date in Current Post: (date/month/year) __/__/____

Position: _____ Grade: _____

CPD Category	CPD Points for Annual Consideration	Points Achieved for CPD Programme	
A1			
A2			
A3			
A4			
A5			
A6			
A7			
A8			
A9			
A10			
A11			
B1			
B2			
Total Points			

Supervisor's Signature : _____

Name: _____

Official Chop: