

TO: HEAD OF NURSING DEPARTMENT/DISCIPLINE:

Individual Summary of CPD Points Achieved for CPD programme. For The Year _____
(1st September previous year till 31st August current year)

Name: _____

I.C. No: _____

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

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

Position: _____ Grade: _____

CPD Category	Maximum points for Annual Consideration	Points Achieved for CPD Programme
A1	20	
A2	20	
A3	30	
A4	20	
A5	20	
A6	30	
A7	20	
A8	20	
A9	30	
A10	50	
A11	20	
B1	10	
B2	10	
TOTAL POINTS		

Supervisor's Signature : _____

Name:

Official Chop: