Manual CPD return - 2020

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Company/Employer:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Name | Provider/Organiser | MCC Category/ies | Duration of CPD Hours | Date of CPD (DD/MM/YY) | Accreditation Org  (eg. LIA/IOB Code, III, PMI, UK, etc) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total Hours Recorded:** |  |
| **Signature/Name:** |  |
| **Date:** |  |

*Email completed form to* [*info@iipm.ie*](mailto:info@iipm.ie)