Manual CPD return - 2020

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

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

*Email completed form to* *info@iipm.ie*