

Continuous Professional Development Log

THIS LOG SHOULD BE KEPT UP TO DATE IN ACCORDANCE WITH THE POLICY OF THE INSTITUTE, AVAILABLE AT WWW.IRMSA.ORG.ZA

DATE: _____

Year				
Member Full Name				
Level of Membership				
Date				
1. Training	Title of training event:	Training provider:	Location	Points:
Date				
2. Self-directed Learning	Title of material:	Author:		Points:
Date				
3. Development of Others	Description of activity:	Location:		Points: