



CPD_UPDATE_FORM

Please complete this form and fax with copies of certificates to (086 75 44 075).
We will in turn then update your on-line CPD count.

REPSSA Membership Number (5 Digits): _____

First Name: _____

Surname: _____

Course Completed	Hours	Date	Institution:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I, the undersigned, hereby declare that the above information (and copies attached) is true and accurate to the best of my knowledge.

I am aware that REPSSA can request original documentation to prove accuracy of the above.

Attached _____ pages inclusive of this cover page.

Signed: _____

Date: _____