


**IPEM**

## Application for CPD Certification

*Year Ended 31 December \_\_\_\_\_*

|              |  |                |  |
|--------------|--|----------------|--|
| First Names: |  | Surname:       |  |
| Title:       |  | Membership No: |  |
|              |  | Employer       |  |

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| I have participated in CPD activities during the current year               | <input type="checkbox"/> | <input type="checkbox"/> |
|   | YES                      | NO                       |
| <i>If 'NO' do you wish to remain registered for CPD with the Institute?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | YES                      | NO                       |
| Do you require an independent audit of your CPD portfolio by the Institute? | <input type="checkbox"/> | YES                      |
|   | <input type="checkbox"/> | NO                       |

### REGISTRANT

This is a true statement of my participation in CPD activity for the period shown. I keep detailed records to support this which, I understand, will be checked periodically by my CPD Co-ordinator and/or my Mentor, and may also be audited by representatives of the Professional Development Panel.

Signed:

Date:

### MANAGER / MENTOR

I agree that this a true declaration of this registrant's participation in CPD activity for the periods shown, and that I have checked and verified supporting records for the current year.

Role:

Name:

Email:

Signed:

Date:

### IPEM OFFICE

This declaration of CPD activity has been recorded on the IPEM Database and this signed record is returned as your certificate

Signed:

Date:

**Please return completed forms no later than 31 January to:**  
**CPD Registrar, IPEM, Fairmount House, 230 Tadcaster Road, YORK, YO24 1ES**