VETERINARY COUNCIL OF GHANA **CPD FORM 5**

Continuous Professional Development (CPD) Personal Log Sheet

Full Name:	
VCG Registration No.:	
Licensing Year:	

CPD ACTIVITY LOG (List all CPD activities in chronological order. Attach signed attendance forms, certificates and any relevant document as proof.)

No.	Date of Activity	Title of CPD Activity/Event	Name of Provider/Organization	Duration (Hrs)	Credit Points Claimed	Proof Attached? (Y/N)

TOTAL CREDIT POINTS FOR THE YEAR: _____

Declaration

I hereby declare that the information provided in this CPD record is a true and accurate account of my professional development activities for the licensing year.

Signature: _____

Date: _____