

CHIROPRACTORS COUNCIL

**Record on Continuing Professional Development (CPD) Activities Organized by the ACPs / Applicant
(for the period from _____ to _____)**

Note:(a) The Accredited CPD Providers are required to submit this form to the Secretariat by end of January each year by fax ((852) 2865 5540), e-mail (chiro-council@dh.gov.hk) or post (2/F, Shun Feng International Centre, 182 Queen's Road East, Wan Chai, Hong Kong)

- (a) For new applicant, please submit a record of the CPD activities organized in the past by completing this form. The completed form should be submitted together with the application form (Form B) to the Chiropractors Council.

Name of the Accredited CPD Provider : _____ **Appointment period:** _____

CPD Code	Date		Duration (Contact Hours)	CPD Point(s)	CPD Programme Title	Speaker(s) [Name(s) & Professional Qualifications]
	Start	End				