

CHIROPRACTORS COUNCIL

FORM C

Record of Continuing Professional Development (CPD) Activities Attended for the voluntary cycle from 1 January 2019 to 31 December 2021

This form should be returned to the Secretariat of the Chiropractors Council 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)

Reporting year : 2019 / 2020 / 2021 (Please delete as appropriate)

I. Active Participation in CPD activities

Period of attendance				Programme Code *	Title of CPD Programme / Activity	Organizer	CPD points attained
DD	MM	YY	to				
			to				
			to				
			to				
			to				
			to				
			to				
			to				
			to				
Total CPD Points Attained:							

Name : _____ Registration Number: _____

* The programme code assigned by Accredited CPD Providers or Education Committee for the CPD activity

II. Receptive Participation in CPD activities

Period of attendance								Programme Code *	Title of CPD Programme / Activity	Organizer	CPD points attained
DD	MM	YY	to	DD	MM	YY					
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
			to								
Total CPD Points Attained:											

Name : _____ Registration Number: _____

* The programme code assigned by Accredited CPD Providers or Education Committee for the CPD activity

III. Self-study

Programme Code (assigned by Education Committee)	Types of self-study (please put a X in the appropriate box)					CPD Points Attained
	Reading of paper	Self-assessment course	Network educational programme	Organized distance-learning programme	Others	
Total CPD points attained (a maximum of 8 CPD points a year)						

IV. Publication

Programme Code (assigned by Education Committee)	Title of the publication published in professional journal	CPD Points Attained
Total CPD points attained (a maximum of 20 CPD points a year)		

Name : _____ Registration Number: _____

V. Postgraduate Studies

(i) Full-time postgraduate studies

Programme Code (assigned by Education Committee)	Title of the postgraduate programme	CPD Points Attained
Total CPD points attained (a maximum of 20 CPD points a year)		

(ii) Part-time postgraduate studies

Programme Code (assigned by Education Committee)	Title of the postgraduate programme	CPD Points Attained
Total CPD points attained (a maximum of 12 CPD points a year)		

Total CPD Points Attained for the year : _____

I declare that all the information provided in this form is true and correct.

Name : _____ **Registration Number** : _____

Signature : _____ **Date of submission** : _____