

INDIVIDUAL OPTOMETRIST'S RECORD OF ATTENDANCE AT CPD

To be completed by each optometrist attending a CPD event. To claim CPD credit for the event, optometrists should mail this form to:

C/- CPD Recording Program
 PO Box 1978,
 Wellington, NZ

Event Name: _____
Event Organiser: _____
Event CPD Reference Number: _____ **Event Date:** _____

If you did not attend any of these sessions, Please cross the line out.

Sessions within the Event:

Session Time:	Session Name:	Presenter(s):	Hours Attended	Office use only

Total Hours	Total Credits

OPTOMETRIST'S NAME:	NZAO Number:	Board Registration Number:

Email Address:	
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SIGNED:

DATE: