PIPA CPD Record card

Name:	**Period:**
Membership Number:	**Number of pages completed:**
Number of years (FTE) medical information/pharmacovigilance experience:	**Degree (or equivalent):**

40 CPD points required per rolling 2 year period. Please refer to Continuing Professional Development Points Scheme document on PIPA website for further information on CPD points allocation.

Activity	Name of trainer/ organiser	Date(s)	CPD points	Key objectives	Supporting evidence
		Subtotal			

I confirm that the above information is a true reflection of CPD undertaken

Signature:	**Date:**
Manager's Signature (optional)*:	**Date:**

Note: you will be required to submit this to PIPA to support your application to change your membership category or if you have been selected at random as part of the audit process.

*This is optional, but sign-off of the form by your manager is likely to speed up the processing of your membership application