



## CPD DECLARATION FORM

Regarding to CPD Policy 2018, Members are required to complete the CPD Declaration Form and submit it to KICPAA through Email: [kicpaa@kicpaa.org](mailto:kicpaa@kicpaa.org) by 31 January of the following year. Failure to comply with CPD policy, membership status shall be downgraded, suspended or removed as indicated in CPD review section.

### DETAILED CPD (Continuing Professional Development) ACTIVITY RECORD

From (mm/yr): \_\_\_\_\_ To (mm/yr): \_\_\_\_\_

#### MEMBER'S DETAILS

Full Name: \_\_\_\_\_

Membership No: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Membership Category:  Active  Affiliate

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

#### A. COMPLIANCE CONFIRMATION

I have complied with the CPD requirement through:

- Input and output based
- Professional body – signed Mutual Agreement with KICPAA
- Can wave the CPD requirement or get exemption of CPD

**Or**

I have not been able to meet the CPD requirements. I will remedy my shortfall and then submit an updated CPD declaration to confirm.

Explanation how and when to complete the shortfall.

**B. DECLARATION**

I confirm that to the best of my knowledge, the information given in this form is correct. I have maintained and, where appropriate, developed my competence to provide high quality services, and to strengthen public trust in the profession.

\_\_\_\_\_

Member's Signature

\_\_\_\_\_

Date

**FOR KICPAA'S OFFICIAL USE ONLY**

Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_