



PROFESSIONAL DEVELOPMENT PORTFOLIO

Name: _____ Professional License: _____ Operator/Employer Name: _____

DHCA License Number: _____ DHCA License Validity: - From ___/___/___ (dd/mm/yyyy) To ___/___/___ (dd/mm/yyyy)

Date(s) (dd/mm/yyyy)	Activity Title	Provider/Speaker Name Location	CPD/CEU Hour(s)	Key Points: Summary of Learning
Signature: _____ Date: _____ (dd/mm/yyyy)			Total CPD/CEU's	Remarks: (For Licensing Department, CPQ use only) _____ _____

* CPD/CEU certificates need to be submitted with the portfolio.

*Portfolios and documented CPD/CEU are subject to audit by the Licensing Department at CPQ.