

ACCREDITATION CPD POINTS FORM

Submission date:

(A) PERSONAL DETAILS

Name:		
Address:		
Telephone (office):	Telephone (office):	Telephone (office):
Fax (office):	Fax (office):	Fax (office):
Accreditation Period:		

(B) COURSES & CONFERENCES ENDORSED BY IPRM *(Presenter¹/Participant²)

No.	Date:	Title:	Location:	CPD Points:
1.				
2.				

(C) MEMBERS EVENTS (Dialogues/Industry Forums)

No.	Date:	Leadership PR Position:	Location:	CPD Points:
1.				
2.				

(D) RESEARCH PAPERS/ PR ARTICLES/ CASE STUDIES

No.	Date:	Title:	Published Form:	CPD Points:
1.				

(E) TOTAL CPD POINTS:

* Note:

1. Continue on a separate sheet of need be
2. Renewal of Accredited status require 20 CPD points over a 2-year period.

For office use only:

APR membership renewed? Yes No