



# CERTIFICATE OF ATTENDANCE

## FOR A CPD ACTIVITY DELIVERED THROUGH A THIRD PARTY PROVIDER

This is to certify that

\_\_\_\_\_

has attended

\_\_\_\_\_

on

DD\_\_\_\_\_MM\_\_\_\_\_YY\_\_\_\_\_

covering the following learning objectives and learning outcomes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

over a period of \_\_\_\_\_ hours

Score or grade if relevant: \_\_\_\_\_

Signed by Member: \_\_\_\_\_

CPD provider company details: \_\_\_\_\_  
\_\_\_\_\_

Name and job title of CPD provider: \_\_\_\_\_

CPD provider signature: \_\_\_\_\_

Date: \_\_\_\_\_