

Hong Kong Professional Counselling Association
Annual Record of CPD (Continuing Professional Development)

Personal Particulars: *must fill in

*Name in Chinese :

*Full Name in English:

*Membership No.: FE/AF/M

*Certification No.: 20____-____ (year, certification no.)

*Approved Counselling Supervisor No. AP ____ (if any)

Mode of CPD Activities** (Education & training/Visit/Publication and Community services)	Organizing body	Date of activities	Time involved (no. of hours)	CPD Points Attained** (minimum 10 points)
Total points:				

☐ As a professional member of the Hong Kong Professional Counselling Association, I agree to comply with the standards of the Academy and affirm/declare that I have undergone the following CPD activities during the past year.

Remarks:** Please refer to HKPCA's Scheme of Awarding CPD Points for the list of accreditable CPD activities and its respective points achieved per hour relating to the CPD activities.

<https://www.hkpca.org.hk/membership/cpd/>

Signature: _____ Date of application : _____