

# PHARMACY COUNCIL REPORTING TEMPLATE FOR CPD PROGRAMME PROVIDERS

## NOTES FOR CPD PROGRAMME PROVIDERS

CPD activities must satisfy the following criteria:

1. Concise educational aims and objectives
2. Clearly spelt out anticipated outcomes
3. Clearly written evaluation procedures
4. Provision of verifiable documentary evidence of attendance to participants

### **1. SCHEDULE & PARTICIPATION IN THE CPD PROGRAMME**

Date	Training Centre	Expected Attendance/Session	Attendance/Session	Percentage Attendance

### **2. LIST OF PARTICIPANTS PER EACH SESSION**

2.1 Training Centre..... 2.1.2 Town ..... 2.1.3 Date(s).....

s/n	Name Of Participant		Reg.	Workplace Address		Mob	Email
	Surname	Other Names	No.	Name	Location	No.	

**3. TOPICS & RESOURCE PERSONS**

Date	Topic(s)	Delivery Method(s)	Resource Person(s)

**4. PARTICIPANTS' EVALUATION OF PROGRAMME**

- 4.1 Every session delivered **MUST** be evaluated by the participants.
- 4.2 Providers to submit completed evaluation form by the participants to the Pharmacy Council.
- 4.3 A template CPD programme participant's evaluation form is provided to guide providers.

**5. KEY FINDINGS**

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**6. CHALLENGES**

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**7. CONCLUSION & RECOMMENDATIONS**

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**8. CPD PROGRAMME PROVIDER NAMES, SIGNATURE AND DATE**

Name of Provider(s) Signature and Date

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