

CPD Incomplete Record Notification Form CIRN1

Regulation Directorate
Education Development Division



Royal
Pharmaceutical
Society
of Great Britain

Name (as registered with RPSGB)				
RPSGB registration number				
Date of notification letter				
Contact telephone number				
Method of submission	<input type="checkbox"/> Paper	<input type="checkbox"/> Online	<input type="checkbox"/> Desktop	<input type="checkbox"/> Dual submission
Have you already submitted any entries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when? ___ / ___ / 20 ___	

Information regarding your exemption from recording CPD

We advise you to submit relevant documentary evidence with your notification if this is available.

Reason(s) for gap

Maternity leave

Period covered: ___ / ___ / 20 ___ to ___ / ___ / 20 ___

And: ___ / ___ / 20 ___ to ___ / ___ / 20 ___

Serious personal illness

Period covered: ___ / ___ / 20 ___ to ___ / ___ / 20 ___

On the non-practising register

Period covered: ___ / ___ / 20 ___ to ___ / ___ / 20 ___

Other (please specify)

Period covered: ___ / ___ / 20 ___ to ___ / ___ / 20 ___

If you selected 'Other', please give details

Please also include any additional notes regarding any reason for gaps in your record in this section.

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Details of documentary evidence provided (please note, no evidence is required for those whose gap(s) are due to being on the non-practising register as we can check this internally).

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Number of pages	
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I hereby confirm that the circumstance described and the supporting evidence provided is genuine and understand that any false claim will be dealt with according to RPSGB's regulations.

Signature:

Date:

Please return with documentary evidence to:

CPD Manager, Education Development Division, Directorate of Regulation,
Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN