PROFESSO	COPTON THINK	Architect's CPD Record Form 01: ACCR
----------	--------------	--------------------------------------

Architect's CPD Record Form 01: ACCREDITED CPD PROVIDERS / PRE-APPROVED PROGRAMS  Name of Registered & Licensed Architect:  Date of this Application:									
						PIC Expiry Date:			
. :	Submit/Attac	ch photocopies of all Certif	icate of Attendance rs before PIC expiration date						
DATE	TIME	VENUE	PROGRAM TITLE / DESCRIPTION	MAJOR AREA OF DISCIPLINE	CPD PROGRAM ACCREDITATION NUMBER	CPD PROVIDER ACCREDITATION NUMBER	PARTICI- PATION	CREDIT UNITS	

TOTAL ACCREDITED AND APPROVED CREDIT UNITS

The summary and attached sheets a	re true and accurate record of my CPD for the year	Major Area of Discipline	Participation	
to		DSGN - Design	PART Participant	
For this period, I have completed	Accredited and Approved CPD Credit Units.	PRAC - Practice	SPKR Resource Speaker	
		BSCI - Building Science	PANR Panelist/Reactor	
Signed:	Date:	ENVS - Environment & Sustainability	FACM Facilitator/Moderator	
Signature over printed nam	e	OTHR - Others	MONI Monitor	
			•	