**DHP CPD Activity Completion Statement**

DHP now requires that we return the following information to them for every activity other than regular HMC only rounds etc. If yours is a standalone activity it may only be one offering. If it is a course you might offer >1: we need numbers of attendees per offering of the course including figures on non HMC attendees. **Your deadline for returning this is 2 weeks after each activity date please. Please return to Marina.**

Activity name Activity code

Activity date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of all participants (per offering)** | **Number of External (non-employee) participants (per offering)** | **Type of financial support received**None/ in kind/ financial or both in kind & financial | **Source(s) of financial support**Government agency (e.g. MoPH) /Healthcare facility (e.g. HMC) / Medical Device Company/ Medical Education or Communications company/ Not for Profit Organization/ Pharmaceutical Company  | **If other source of financial support, please describe** | **Total sum of financial support received** |
|  |  |  |  |  |  |