



Professional Regulation Commission

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) MONITORING REPORT

CPD Council of/for _____

Name of Provider:
DE LA SALLE HEALTH SCIENCES INSTITUTE- COLLEGE OF MEDICAL RADIATION TECHNOLOGY

Provider Accreditation No.: **RAD- 2016-011** Expiration Date:
JUNE 9, 2022

Title of the Program:

Date / Venue of the Program:

Credit Units Provisionally Given:

Program Accreditation No.: Date Approved:

Evaluation of Program:(indicate the topics & time per activity, use separate sheet if needed)

APPROVED Program of Activities			ACTUAL Program of Activities			Remarks	
Topic	Time Frame	Speaker	Topic	Time Frame	Speaker	Compliant	Non-Compliant

Total Number of Participants:

Observation:

Suggestion/Recommendation:

MONITORED BY:

Signature Over Printed Name

Date