The Institute of Chartered Accountants of Nova Scotia

CPD LOG

This form may be copied for your use

12 months ended December 31,_____

Please retain for personal reference - NOT to be submitted to the Institute unless requested.

Member Name:_____ Member ID#_____

Date(s) mm/dd/yyyy	Nature of CPD* (course name, research area)	CPD provider, sponsoring organization or audience*	Competency Addressed**	CPD Hours	
				Verifiable*	Other
Total for the year ended December 31, _____					
Total for the year ended December 31,_____					
Total for the year ended December 31, _____					
Total for all _____ years ended December 31, _____					

Signature:_____

*** Members are required to retain their CPD Logs and back-up documents in support of their reported verifiable hours until December 31, 2014. Such back-up documentation would evidence completion and may include certificates of completion, transcripts, evidence of attendance at conferences and seminars, published work, reports or presentations.**

**** Members are referred to the ICANS website (www.icans.ns.ca) Continuing Education - Professional Development - CA Competency where you will find information that will assist you in assessing the area of Competency Addressed.**

Mandatory CPD requirements - Refer to By-law 70

Also see the Bulletins on the ICANS website at www.icans.ns.ca