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#:**_____

| | | | | CPD Hours | |
|---|---|---|---|---|---|
| **Date(s) mm/dd/yyy** | **Nature of CPD* (course name, research area)** | **CPD provider, sponsoring organization or audience*** | **Competency Addressed **** | **Verifiable *** | **Other** |
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| **Total for the year ended December 31, _____** | | | | 0 | 0 |
| **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, 2011. 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 Spring and Fall/Winter Professional Development Opportunities brochures published annually by ICANS for further information concerning areas of Competency.**

**Mandatory CPD requirements**

**Refer to By-law 70. Also see the Bulletins on the ICANS website at www.icans.ns.ca**