Provider Code: _____

MMC-CPD GRADING SYSTEM
ATTENDANCE RETURNS FROM PROVIDER

ACTIVITY: TOPIC :

VENUE :

DATE :

No	Name of Registered Medical Practitioners	MMA Member Yes / No	New NRIC No.	Signature
		◉ ○		
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		◉ ○		

Certified by

_____
Provider

Name : _____

Designation : _____

Date : _____