

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA
ANNUAL CONTINUING PROFESSIONAL DEVELOPMENT RETURN
YEAR: 2017

1.0	PERSONAL INFORMATION:	
1.1	NAME:	
1.2	MEMBERSHIP NUMBER:	
1.3	DESIGNATION:	
1.4	ORGANISATION:	
1.5	ADDRESS:	
	TEL:	E-MAIL:

2.0 CPD ATTENDANCE INFORMATION:		
2.1 CPD Requirements:		
	Structured hours (At least 10 from ICPAU)	40
	Unstructured hours	-
		<u>40</u>
2.2 CPD Declaration:		
During the period 1 January 2017 to 31 December 2017, I have earned the following CPD hours:		
A.	STRUCTURED CPD* PROVIDER:	NO. OF HOURS
(a)	ICPAU	
(b)	Other IFAC Member Body/Bodies	
(c)	Employer	
(d)	Other Organisation(s)	
	SUB-TOTAL	
B.	UNSTRUCTURED CPD (Briefly describe the nature of unstructured CPD)	
	TOTAL CPD HOURS (A + B)	

* See reverse page.

2.3 DETAILS OF STRUCTURED CPD (Please attach evidence of CPD attended).

	DATE	THEME	PROVIDER	CPD HOURS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
	TOTAL CPD HOURS			

3.0 CPD HOURS IN A THREE-YEAR PERIOD

A member is required to obtain 120 CPD hours in any batch of three consecutive years.

	2015	2016	2017
Structured CPD Hours Earned			
Minimum Required Hours	40	40	40
Deficit			

4.0 DECLARATION:

I confirm that, to the best of my knowledge:

1. I have reviewed my needs for training and development regarding my current and future roles.
2. I have considered the skills and knowledge levels required to meet expectations of my current and future roles.
3. I have undertaken a personal development programme to address my training needs for my current and future roles.
4. The information given in this form is correct.

Signature: _____ **Date:** _____

Please return the completed form to:

**The Secretary,
Institute of Certified Public Accountants of Uganda,
42 Bukoto Street, P.O. BOX 12464, KAMPALA.
Email: members@icpau.co.ug, icpau@icpau.co.ug**