Name of Registered & Licensed Architect: ____________________________
Date of this Application: ____________________________
PRC Registration Number: ____________________________
PIC Expiry Date: ____________________________

- Submit/Attach photocopies of all Certificate of Attendance
- Must submit application at least 30 days before PIC expiration date

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<th>TIME</th>
<th>VENUE</th>
<th>PROGRAM TITLE / DESCRIPTION</th>
<th>MAJOR AREA OF DISCIPLINE</th>
<th>CPD PROGRAM ACCREDITATION NUMBER</th>
<th>CPD PROVIDER ACCREDITATION NUMBER</th>
<th>PARTICIPATION</th>
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TOTAL ACCREDITED AND APPROVED CREDIT UNITS

The summary and attached sheets are true and accurate record of my CPD for the year ______ to ______.

For this period, I have completed ______ Accredited and Approved CPD Credit Units.

Signed: ____________________________________________________________________________ Date: ________________
Signature over printed name

Major Area of Discipline | Participation
------------------------|---------------------
DSGN - Design           | PART Participant    
PRAC - Practice         | SPKR Resource Speaker
BSCI - Building Science | PANR Panelist/Reactor
ENVS - Environment & Sustainability | FACM Facilitator/Moderator
OTHG - Others           | MONI Monitor        

Architect’s CPD Record Form 01: ACCREDITED CPD PROVIDERS / PRE-APPROVED PROGRAMS