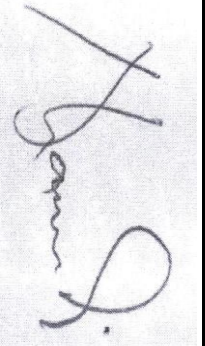


Date of CPD	Type of CPD	No of CPD Units	Name of Provider	Signature of CPD Provider Representative
26/01/2018	DAY 3		PAEDIATRIC ASSOCIATION OF NIGERIA	
	Anti-infectives	0.5		
	Maternal and perinatal death surveillance and response	1		
	HIV prevention, treatment and differentiated service delivery for children and adolescents in Nigeria	1		
	3 rd Scientific Session	0.5		
	-			
	-			

Total number of CPD units acquired.....10.....

I certify that the information above is correct to the best of my knowledge, bearing in mind that any wrong information entered may result in my being sanctioned.

.....
Signature of Doctor/ Date