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| **Candidate name:** | **Certification number:** | **Date of submission:** |

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| **Eligible activity** | **Description of activity** | **How does the activity relate to your role as a certified professional** | **Evidence provided** | **Contact hours** | **Points** |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
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|  |  |  |  | **Total points:** |  |