

Name: _____

Date	CME Category	Topic	Stamp /Signed By
08/06/25	10	Diabetic counselling	[Signature]
07/06/25	2	Inservice training workshop	[Signature]
17/05/25	2	Patient Food ward round	[Signature]
09/11/25	10	Diabetic counselling	[Signature]
06/12/25	10	Diabetic counselling	[Signature]

Name: _____

[illegible]