**Driver CPC Instructor CPD Training Record**

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| --- | --- | --- | --- |
| **Member Name** |  | **Instructor Name** |  |
| **Total CPD Time in Hours** |  |  |  |

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| --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Details of Provider (if applicable)** | **Time in minutes/hours**  | **Comments** |
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\*RTITB reserves the right to request evidence to support the information you have included above.

**Please note this record is to be kept for a minimum of 6 years.**