



Australian and New Zealand College of Perfusionists



## Virtual Attendance at ANZCP ASM Webinar Recording until 22<sup>nd</sup> November

I, the undersigned, hereby agree I have watched the full duration of the recorded ANZCP Annual Scientific Meeting, conducted virtually and presented across 12<sup>th</sup> and 13<sup>th</sup> November 2020. I have done so within the agreed time frame of and up to 22<sup>nd</sup> November 2020.

I understand my agreement as indicated below by my signature is a condition of which is to ensure I am credited the full 20 CPD Points.

I acknowledge that I am compelled by the ANZCP Code of Professional Conduct and the Code of Ethical Practice, to honestly agree that I have done so.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The nominee, by signing this form, accepts and agrees the above is true and correct.

Please return this completed form to the Administration Officer by email at [admin@anzcp.org](mailto:admin@anzcp.org)  
by Friday 30<sup>th</sup> November 2020.