**CPE Accredited Event Review Form**

To be filled in by the course provider and submitted to the AAB via email on accreditations@miamalta.org by not later than 10 working days after the event.

**Event Details**

Event Title: Accreditation number: Date(s):

Total no of participants:

**Participants Details**

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| Name & Surname | ID no. | Attended hrs | Name & Surname | ID no. | Attended hrs  |
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I confirm that the above information is correct.

Signature: Date: