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Record of Attendance

3M Technologies (S) Pte Ltd is approved by the Singapore Nursing Board (SNB) as a Provider of Continuing Professional Education (CPE).

During the registration process for a 3M event which may be approved by the SNB for CPE credit, you indicated that attendance would be as part of a group.

This form is intended to record the attendance of all Nurses who attend this event as part of your group and must be completed in order to receive CPE credit, should it be awarded.

Do not send this form to the SNB or any other organisation. Attendees cannot apply to received CPE credit for this event directly. 3M will submit all required records on your behalf. Use more than one form if required.

Attendees will only be credited with CPE if:

1. Writing is legible;
2. SNB registration number is included;
3. Attendee attends entire event; and
4. Attendee and coordinator both sign respectively.

Instructions for use

Prior to event commencement

1. Nominate one person to coordinate completion of this form.
2. Enter event details. Do not leave any fields blank.
3. All attendees should complete all fields and sign to confirm attendance.
4. Use more than one form if required

At completion of event

1. Your coordinator to indicate full or partial attendance for all attendees
Note: full attendance required for CPE credit
2. Your coordinator signs the declaration
3. Scan entire form and email a copy to:

sg-clinical@mmm.com

To receive Continuing Professional Education (CPE) credit for this event:

- **this form must be completed; and**
- **returned to 3M within 2 weeks of event completion**

3M Record of attendance

Event _____ Venue 3M Health Care Academy

Date dd / mm / yyyy Start time 00 : 00 am / pm* Finish time 00 : 00 am / pm*

* Delete as appropriate

				For completion by coordinator	
SNB Registration No.	Last Name	First Name	Signature	Time in attendance	
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full
				<input type="checkbox"/> Partial	<input type="checkbox"/> Full

Declaration

I confirm that all Nurses listed above attended this event for the time period indicated.

Name

Position

Signature

Date