**HIMAA Professional Credentialing Scheme**
**Member's Diary**

Name:
(Surname) (Given Name)

HIMAA Membership Number: Membership Category:

Full/Associate/Inactive (circle)

Contact Address:

Contact Phone Number:
Contact Email:
Start Date of Qualification Period:
End Date of Qualification Period:

| Date | CPD Activity | Location of Activity (if appropriate) | CPD Points |
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| | | **Total** | |

Signature: Date:

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**Office Use**
Financial throughout Qualification Period: Yes/No
Approved to use postnominal: CHIM or CHIP (circle one)

Certification period: to
(start date) (end date)

Member advised: Date advised: