Certificate of CPD Attendance

I, the undersigned, acting as representative of the CPD Provider, hereby certify that:

Name of Practitioner	**Evangeline Pieterse**
Professional Registration No.	DT0054720

Attended / participated in the following approved CPD Activity / Programme:

The CDE Academy Foundation Course in Diabetes Care for Health Professionals

Presented Online through the **CDE Academy** from

Start Date	2025/04/01	▪ Ideally, Course to be completed within 3 months of commencement ▪ 30 Contact Hours for completion of all requirements and assessments
End Date	2025/07/01	

The Health Professions Council of South Africa Approved CPD reference for this Activity is:

MDB005/102/01/2025

and I certify that the said practitioner qualifies for: **30** CE Units, obtained as follows:

Level	Activity	CEUs
1	General	30
1	Ethics / Health Law / Human Rights	
1	Presenter	

Official Stamp

Michael Brown
Head, CDE Academy

Date: 2025/07/01

Place: Johannesburg, South Africa

Please keep this certificate on record for HPCSA audit purposes