Governance in Practice

GPC.D Course Log

Professional Development Training Plan for Governance Professionals of Canada

Name: _____

Professional Designation: _____

GPC Membership Renewal Date:_____

Date: _____

Office Use Initials: ____

Date Received:_____

Verified By:_____

Status:_____

TOPIC	Source(Company providing training)	Date Completed	Location	CPD hours