

# Record of attending an NSTS Test for the allocation of 3 CPD points

## NRoSO Member's Details:

Name:

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Address:

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Postcode:

NRoSO Membership No:

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Please record the date, duration, and outcomes of the NSTS test that you have attended on the form overleaf and summarised in the boxes below. Please ensure that this attendance is authenticated by the name, signature and NPTC number of the approved NSTS Examiner.

NSTS Test:

Date:

Duration:

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Summary of outcomes (detail overleaf):

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Signed (NRoSO member):

Date:

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Signed (NSTS Examiner):

Date:

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Print Name (NSTS Examiner):

NSTS No:

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**FOR NPTC USE ONLY**

DATE RECEIVED: .....

TOTAL CPD POINTS AWARDED: **3**

Please return the form to the NRoSO Membership Services Team [nroso@basis-reg.co.uk](mailto:nroso@basis-reg.co.uk)

**NRoSO, BASIS Registration Limited, St Monica's House, 39 Windmill Lane, Ashbourne,  
Derbyshire, DE6 1EY Tel: 01335 210849**