

CPD Verification Form



CONTINUING PROFESSIONAL DEVELOPMENT (CPD) VERIFICATION FORM

Name:	
Address:	
Telephone Number:	
Email:	Date:
Identify below the type(s) of CPD completed. Attach any available documentation regarding each type as verification (see Sponsorship & Verification Table for details).	
CPD Activity Completed	Peer Consultation
Dates of Meetings	
Nature of Consultation	
Number of hours	
Person Attesting to meetings (attached a signed attendance log attesting to your presence)	
CPD Activity Completed	Continuous Practice Outcome Measure
Dates of Meeting(s)	
Client/Patient ID	
Number of Protocol administrations with each client/patient	

LSBEP Guidelines for Continuing Professional Development

Attached protocol used for each client/patient	
CPD Activity Completed	Professional Activities
Name of association/regulatory body	
Date of appointment	
Duties	
Attach verification documentation from organization	
CPD Activity Completed	Self-Directed Learning
Name of Activity (name of video/article)	
Mode of Delivery (online; reading;video)	
Applicability to Practice	