



## CPD Verification Form

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD) VERIFICATION FORM

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

<b>Attached protocol used for each client/patient</b>	
<b>CPD Activity Completed</b>	<b>Professional Activities</b>
Name of association/regulatory body	
Date of appointment	
Duties	
<b>Attach verification documentation from organization</b>	
<b>CPD Activity Completed</b>	<b>Self-Directed Learning</b>
Name of Activity (name of video/article)	
Mode of Delivery (online; reading;video)	
Applicability to Practice ( <b>attach copy of title page &amp; preface or introduction</b> )	

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Signature of Licensee

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Date