# Practitioner Details

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
</tr>
</thead>
</table>

## Practitioner’s declaration

By signing this form I acknowledge and confirm:

1. I have read and understood the Board’s current standard on continuing professional development (CPD) and, where they exist, any Board guidelines on CPD.

2. I am aware that acceptable evidence to demonstrate successful completion of CPD is as follows:

   a. Testamurs or certificates confirming completion of tertiary, vocational and other accredited courses including distance education that relate to the Practitioner’s context of practice.

   b. Certificates or correspondence confirming attendance at conferences, forums, seminars and symposia.

   c. Certificates of completion confirming attendance and participation in short courses, workshops, seminars and discussion groups through a professional group or organisation.

   d. Certificates or correspondence confirming completion of mandatory learning activities in the workplace in the area of practice.

   e. Log of self-directed learning activities with supporting documentation.

3. That AHPRA may contact a CPD provider to confirm the evidence I have provided.

4. That AHPRA may conduct an audit to ensure the required CPD is noted used as contribution to any current or future CPD period.

---

**Signature**

**Date**

---

## Return form to

<table>
<thead>
<tr>
<th>Case officer</th>
<th>Email</th>
<th>Post</th>
</tr>
</thead>
</table>