**Continuing Professional Development (CPD) Verification Form Template**

1. Check your CPD Home’s requirements for supporting documentation to confirm this template is acceptable.
2. Refer to APHRA Medical Board of Australia or relevant CPD Home for advice on activity category, type and documentation requirements. <https://www.medicalboard.gov.au/Professional-Performance-Framework/CPD/Professional-Development-Plans.aspx>

|  |  |
| --- | --- |
|  |  |
| **Name of activity** (and conference or course if relevant) |  |
| **Date (date range) of activity** |  |
| **Brief description (focus of activity)** |  |
| **CPD category (select one)**Reviewing performanceMeasuring outcomesEducation to develop knowledge and skills |  |
| **Activity type** (e.g. peer review, reflection, case conference, etc) |  |
| **Other relevant domains** (e.g. cultural safety, professionalism, health equity) |  |
| **Brief description (focus of activity)** |  |
| **Summary of reflection (against relevant framework)** |  |
| **Other relevant information** |  |
|  |  |

**Verification statement (Completed by participant)**

I confirm that I (participant’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (workplace institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ completed the above CPD activity as above.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification statement (Completed by person reviewing or confirming the activity\*)**

\*refer to verification requirements of **CPD Home**. Suggest include for these activities: peer review, mentor/mentee meeting, clinical pathway development, group-based activities.

I confirm that I (confirmer’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (workplace institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm the above information to be true.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_