



CPD Verification Form

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) VERIFICATION FORM

Name:	Address:
License No.:	
Telephone No.:	
Email:	

Identify and document the type(s) of CPD activities completed below. Retain this document and supporting documentation for your records in the event you are audited by the board.

PEER CONSULTATION	
Dates of Meeting(s)	
Nature of Consultation	
Number of Hours	
Attach a signed attendance log	
Person Attesting to meetings:	
Print: _____ Signature: _____ Date: _____	
CONTINUOUS PRACTICE OUTCOME MEASURE	
Dates of Meeting(s)	
Client/Patient ID	
Number of protocol administrations with each client/patient	
Attach protocol used for each client/patient	
PROFESSIONAL ACTIVITIES	
Name of association or regulatory body/board	
Date of appointment	
Duties	
Attach verification of appointment from organization	

SELF-DIRECTED LEARNING (This does not include any activity offered by an approved sponsor) LIMIT 10 hours	
Title of Activity	
Mode of Delivery or Type (online video/workshop/book)	
Applicability to Practice	
Attach copy of title page, preface, introduction	
ACADEMIC COURSES – One 3 hour course = 20 credits	
Course Title	
Name of University	
Course Description	
Attach transcript	
INSTRUCTION – May be received the first time teaching/presenting material. Credit for workshop presentation is calculated at 4 times the number of credits granted attendees divided by the number of presenters. Teaching a university course shall be 10 times the number of credit hours awarded students.	
Course Title	
Workshop Sponsor/University	
Additional Presenters	
Credit hours awarded attendees/students	
Attach course syllabus, brochure, or course description.	

Signature of Licensee

Date