Continuing Professional Development (CPD) Form

Practitioners must provide CPD evidence to gain either initial or renewal approval for Approved Clinician purposes to meet the standards set out in the Instructions from the Secretary of State for these functions.

For Approvals Panels to accept CPD sign-off, the content of this form must meet the minimum standards set out below.

It is the practitioner's responsibility to:

- participate in CPD and provide the appropriate evidence **as per their professional registration requirements.**
- demonstrate that the practitioners CPD activities are a mixture of learning activities relevant to current or future practice
- seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
- seek to ensure that their CPD benefits the service user

MPAC CPD Activity Log

Full Name	
Professional Registration Number	HCPC/NMC/SWE
Date From	
Date To	

Date	CPD Activity	Clinical hours	Academic / Professional (hours)

Total Hours of CPD Activity **[for the period required by your professional group]**			

- For all self-accredited activities, I confirm that the activities have been educationally valuable, and I have been provided with appropriate evidence of attendance and reflection.
- I confirm that the number of hours claimed are appropriate for each CPD activity.
- I confirm that I have accumulated the specified hours of activity in the period stated and that this is sufficient evidence of CPD as per the standards of my profession.

Applicant's Name	**Signature**	**Date**

To be completed by the applicant's line manager I have reviewed the above CPD evidence and confirm it meets the applicant's professional registration requirements.	
Name	
Professional Registration Number (GMC/HCPC/NMC/SWE)	
Employing organisation	
Post held	
Professional address	
Email address	
Telephone number	
Ink Signature	
Date	