



**APPENDIX I: VETERINARY PRACTITIONERS' CPD RECORD FORM**

Name: \_\_\_\_\_ UVB Registration Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_ CPD Year: \_\_\_\_\_

Email Contact: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

CPD Activity <sup>1</sup> /Program <sup>2</sup> Dates	CPD Activity/Program Title	CPD Provider	CPD Points Awarded	Certificate No. (Attach certificate) where applicable
Total CPD Points for the year				

I declare that all the information provided on this form and on the attached certificates and/or course details are correct and valid to the best of my knowledge.

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

**Note:**

- This form **MUST** be submitted accompanied with copies of certificates of attendance when paying your annual license/retention fees.
- Retain a copy of your completed CPD Record Sheet, original certificates as they are subject to Council audits.

<sup>1</sup>**CPD Activity** means a process that meets an educational and developmental need; and provides an effective learning experience for the participants lasting at least one (1) CP hour. 45-60 minutes (1CP hour).

<sup>2</sup>**CPD Program** means series of CPD activities lasting a minimum of 6 CPD hours and a maximum of 15 CPD hours.