

Continuing Professional Development (CPD)

NAME: _____

YEAR: _____

Date	CPD Activity	Provider/Person/Place	Category: <i>PD</i> or <i>PS</i>	Hours
Total Hours of <i>Professional Development-PD</i> (At least 20 hours required)				
Total Hours of <i>Professional Supervision-PS</i> (At least 10 hours required)				

Supporting documents must be retained in your portfolio (for audit purposes).