



A P E G S
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Continuing Professional Development CPD Plan

Name:		From (Month/Year):		Member Number:
Designation:		To (Month/Year):		

Practice Information		
Job Title:		
Industry of Practice:		
Scope of Practice**:		
Are you in a supervisory role?	Yes	No

** Scope of Practice examples can be found in Appendix B of the CPD Program document

Continuing Professional Development Plan

Based on the results of your CPD Plan Self-Assessment Questionnaire, please identify the areas you will work on this year

Knowledge or skill to be developed	Priority	Preferred delivery method	Detail and justification for this activity

Signature: _____

Date: _____