**Continuing Professional Development**

**CPD Plan**

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| --- | --- | --- | --- | --- |
| 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 |
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