

FORMAL STUDY

Activity	Points	Substantiating Evidence
<ul style="list-style-type: none"> All day seminar or workshop or conference Half day seminar or workshop or conference 	1 Point Per 1 Hour	Signed attendance form
<ul style="list-style-type: none"> Participation in a local group of practitioners to enhance clinical competence 		Written evidence of participation by the group leader
<ul style="list-style-type: none"> Postgraduate study in complementary medicine at Grad Dip, Masters or PHD level at a tertiary institution by either course work or research 		Statement of attainment or University Number

SELF - STUDY

Activity	Points	Substantiating Evidence
<ul style="list-style-type: none"> Professional seminars and bulletin board participation by Internet 	1 Point Per 2 Hours	Proof of participation with number of hours
<ul style="list-style-type: none"> Completion of questions in designated articles in the <i>Journal of the Australian Traditional Medicine Society</i> 		Completion of the answer per each question
<ul style="list-style-type: none"> Completion of questions after listening/viewing an audio /video tape of a recognised seminar or conference 		Completion of the question form

INFORMATION FOR COMPLETION OF NPA CPD RECORD

- The NPA Continuing Professional Development (CPD) Record was developed under the guidance of 'Continuing Professional Development Guidelines.
- All Chinese Medicine Practitioner members must complete a minimum of 20 hours of CPD per calendar year, including at least 4 hours relating to professional issues. Practitioners who hold a scheduled herbs endorsement must complete at least 2 hours of CPD per year relating to that endorsement. At least 14 hours per year must include formal learning activities as requested by NPA.
- The CPD record must be kept in English.
- A copy of the completed record is required to be sent back to the NPA for documentation upon request. (usually with membership renewal form)
- Please retain your own original copy of this record with a portfolio of evidence for 5 years.

DECLARATION BY MEMBER:

I hereby declare that the information completed on this CPD Record is true and correct to the best of my knowledge and belief. I have also kept a portfolio of evidence to support this declaration. My total CPD hours for the Year of 2015 are: _____ hours.

Signature: _____ Date: _____

Postal Address: Naturopathic Practitioners Association Inc
443 Marion Road
SOUTH PLYMPTON SA 5038

Email: enquiries@naturopath.org.au

Phone: (08) 8351 5880