

MThNZ Continuing Professional Development Log

Name:	Address:
--------------	-----------------

Date of study	Number of hours of study	Title and topic of study	Main learning outcome
TOTAL HOURS COMPLETED			

Name: _____ **Address:** _____

What were your identified learning development needs for the previous year?

How did your CPD and supervision activity affect your professional practice?

What are your identified learning development needs for the coming year?

CPD Peer Monitoring Declaration

I confirm that this log contains details of study that I have undertaken in order to fulfil CPD requirements.
Name of therapist submitting log:.....Signature of therapist submitting log: Date:

I confirm that I have read this CPD log and that discussion has taken place about the content and learning needs.
Name of peer reviewer:.....Signature of peer reviewer:..... Date:.....