

# Continuing Professional Development: Practitioner Audit Checklist

CPD cycle: **02/2008**

Activities undertaken from: ..... to .....

## Practitioner's Details

Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Division: \_\_\_\_\_

CPD hours required: \_\_\_\_\_

*This document provides a list of the sorts of matters the Board will check during a CPD audit. **IF** you are audited you will need to complete this checklist, sign and date it and send it to the Board with the rest of your CPD paperwork.*

**Before sending your CPD documentation, please complete the following checklist:**

<b>Check</b>	<b>Complies? Tick relevant answer</b>	<b>If you've answered NO provide explanation of why your records do not comply and how and when you intend to rectify the situation.</b>
1. Have you completed the required number of hours? i.e. 40 hours dentists/ specialists; 30 hours others	Yes No	
2. Have you undertaken the minimum number of mandatory CPR hours, i.e. 2 hours?	Yes No	
3. Have you undertaken the minimum number of mandatory infection control hours, i.e. 3 hours?	Yes No	
4. Are at least 80% of the hours scientific/clinically based? i.e. 32 hours dentists/ specialists; 24 hours others	Yes No	
5. Have you double checked your addition – is it correct? round to the nearest 15 minute block	Yes No	
6. Have all hours "caps" been complied with? ❖ CPR – Minimum 2 hours, Maximum 4 hours ❖ Infection Control – Minimum 3 hours (No Maximum) ❖ Articles published in peer reviewed scientific journals – No minimum, Maximum 10 hours ❖ Overseas/Interstate activities that do not certify attendance in line with the Board's criteria – No minimum, Maximum 30% of scientific hours, i.e. 10 hours dentists/ specialists; 7 hours others ❖ Peer review – No minimum, Maximum 25% of the total number of hours claimed for credit i.e. 10 hours dentists/ specialists; 7.5 hours others	Yes No	

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Registration Number: .....

<b>Check</b>	<b>Complies? Tick relevant answer</b>	<b>If you've answered NO provide explanation of why your records do not comply and how and when you intend to rectify the situation.</b>
7. Have CPR activities complied with requirements i.e. training in accordance with ARC policies and provider accredited by VQA/equivalent or member/associate of ARC?	Yes No	
8. Have the activities been approved by the Board or an EAP? Check the website at <a href="http://www.dentprac.vic.gov.au/cpdactivity.asp">http://www.dentprac.vic.gov.au/cpdactivity.asp</a>	Yes No	
9. Have the activities occurred within the timeframe of this CPD cycle?	Yes No	
10. Have you completed an activity Log summarizing your activities (you can use the Board's sample log sheet provided)?	Yes No	
11. Do you have some form of "certification" of attendance for each activity listed in the summary log? Have you provided a <b>copy</b> of each one?	Yes No	
12. Do the contents of these certificates match your logbook entries?	Yes No	
13. Have you numbered your certificates to coincide with the entries on your log sheet and clearly marked them with your name and registration number?	Yes No	

If you answer NO to any of the above you still must provide your documentation and a written explanation of why your records do not comply, and how and when you intend to rectify the situation.

**\*\*IMPORTANT\*\*** Please do **NOT** send original CPD documents

**I declare that the above statements are true and correct.**

**Signed:** .....

**Date:** .....