

# Continuing Professional Development: Peer Review Activity



Activities must be approved by the Board. The information from sections 1-4 needs to be provided to the Board for assessment *prior to* the activity being undertaken. Apply for approval using the online application form. [Note: a minimum of two practitioners must participate in the activity].

## 1. Activity details

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

Participants: \_\_\_\_\_

Hours:	Scientific General:	_____	hours	Scientific Infection control:	_____	hours
	Scientific CPR:	_____	hours	Non Scientific General:	_____	hours

## 2. Objectives

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## 3. Method

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## 4. Measurement of outcomes

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