

## Record of Continuing Professional Development for the Equine Podiatry Association (UK)

**Full Name:** \_\_\_\_\_

**Start of CPD year (day/month/year):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Carried over from previous year:** \_\_\_\_\_ CPD hours... of which EP related: \_\_\_\_\_ hours... of which self study: \_\_\_\_\_ hours

**Number of supplementary pages:** \_\_\_\_\_

Activity	Date	Total Hours	of which EP related	of which self study
<b>Total (including carried forward from previous year and any supplementary pages)</b>				

**Carried forwards to next year:** \_\_\_\_\_ CPD hours... of which EP related: \_\_\_\_\_ hours... of which self study: \_\_\_\_\_ hours

*Notes: As a Full Member of the Equine Podiatry Association you are expected to maintain a record of activities that count towards your CPD requirement. It is recommended that you fill in any activities on this recording form as they occur. For more details on the CPD requirements of the Association see the CPD Standard on the Association web site. A copy (you should retain the original) of this form should be submitted to the Association Secretary with each annual membership renewal.*