

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

Full Name: _____

Start of CPD year (day/month/year): ____/____/____

Carried over from previous year: _____ CPD hours... of which AEP related: _____ hours... of which self study: _____ hours

Number of supplementary pages: _____

Activity	Date	Total Hours	of which AEP related	of which self study
Total (including carried forward from previous year and any supplementary pages)				

Carried forwards to next year: _____ CPD hours... of which AEP related: _____ hours... of which self study: _____ hours

Notes: As a Full Member of the Applied 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.