

Name of Practitioner: _____ Registration Number: 30-_____

Year of Practice 1 January 20__ to 31 December 20__

Name of Current Employer _____ Start Date: _____

Name of Supervisor _____ Registration Number: 30-_____

CPD Programme Enrolled in: (if applicable) _____

CDP ategory	Date	Hours/Point	Description of Activity	Supervisor sign off
TOTAL HOURS/POINTS				

I confirm all the information provided is true and correct.

Signature: _____

Date: _____

For each activity listed provide evidence of attendance e.g. signed training records, certificate of attendance etc.

For guidance on completing this form please refer to the notes on the next page.

Medical Laboratory Technician and Medical Laboratory Pre-Analytical Technician

Continuing Professional Development Activities

The list of approved continuing professional development categories with examples of activities is not intended to be exhaustive and applicants may claim for others.

Category	Description of Activity
1. In-house seminar, workshop or tutorial	<ul style="list-style-type: none"> • New product demonstration • Case study presentation • Journal club presentation • Medical laboratory science tutorial
2. Attendance or participation in a scientific medical meeting	<ul style="list-style-type: none"> • User-group meetings • Special interest group meetings • Conference • Peer forum • Workshops • Seminars
3. Scientific or other work-related programmes	<ul style="list-style-type: none"> • Journals • Scientific/technical articles • Web-based articles
4. Technical and work-related reading	<ul style="list-style-type: none"> • Scientific method development • Attendance at courses on health and safety, quality control, information technology • IANZ auditor
5. Self-assessment – scientific or other work-related programmes	<ul style="list-style-type: none"> • Completion of hard copy or online programmes
6. Cultural awareness	<ul style="list-style-type: none"> • Reading • Course attendance to develop skills
7. Scientific or medical journal publication	<ul style="list-style-type: none"> • Author or co-author • Acknowledgment of contribution to technical expertise
8. Other	<ul style="list-style-type: none"> • Member of organising committee of medical laboratory science meeting or related user group meeting • Committee member of bodies/associates related to medical laboratory science such as the MSC, NZIMLS, NZ Society of Cytology • Examiner or moderator for medical laboratory science examinations

Notes:

1. Activities must total a minimum of 8 hours or 16 points within the NZIMLS programme.
2. Give a brief description of activities undertaken during the last 12 months (January – December) including the date and the time taken.
3. For each activity listed provide evidence of attendance e.g. signed training records, certificate of attendance etc.
4. Evidence of Technical and work-related reading. You can show a supervisor/HOD your notes about articles read and the supervisor/HOD can sign your CPD Logbook stating the journal articles have been sighted and are relevant to CPD. Do not send us copies of the articles you have read.
5. Performance review records or competency review records should not be submitted for audit purposes. While notes taken during continuing professional development activities are not required, signed proof of attendance must be submitted.
6. Label all documents with your name and registration number.