Appendix III

## Report Summary Sheet of Continuing Professional Development (CPD) Programmes / Activities – OT Board Accredited Programme Provider

**Name of the Organisation:**

**Accredited Period: (mm/yy) to (mm/yy)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Code (Organisation reference only)** | **Date :** | **Duration (Contact Hours)** | **CPD****Credit Point(s)** | **CPD Programme/Activity Title** | **OT relevant / Broad Professional relevant \*** | **Speaker(s)[Name(s)****& Professional Qualifications] ^** | **Number of audience participants : OT / non-OT #** |
| **Start** | **End** |
|  |  |  |  |  |  |  |  |  |

*\* Select either OT or Broad Professional relevant*

*^ Enclose invitation letter to OT speaker(s) for reference and/or audit purpose*

*# Enclosed attendance record for reference and/or audit purpose*

*(Rev. Jan 2024)*