

**CONTINUING EDUCATION (CE)/aka CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**  
**SUMMARY VERIFICATION FORM**

Please do not submit any CE documentation with your renewal

If you are selected for an audit, you will be notified; at that time, you will submit these logs and documentation to the Board.

CPD Category	Max Hours Allowed	Description of Activity(ies) Completed	Date Completed	# of Hours Awarded (Not to exceed max allowed)	Check if applicable to:	
					Laws & Ethics Requirement	Cultural Diversity Requirement
Peer Consultation	18					
Practice Outcome Monitoring	9					
Professional Activities	12					
Conferences / Conventions	6					
Board Meeting Attendance (Full Board or Committee)	12					
Examination Functions	12					
Academic Courses	18					
Academic Instruction	18					
Supervision	18					
Publications	9					
Sponsored Continuing Education Coursework	18					
ABPP Certification	36					
"Senior" ABPP Certification	18					

**Total Hours Earned for Renewal Period:**

**CONTINUING EDUCATION (CE)/aka CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**  
**DETAILED VERIFICATION FORM**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Identify below the activities completed for fulfilling the CE/CPD requirements.  
Retain all verifying documentation in your records. You may be asked to provide this documentation at a later date (e.g. in the event you are selected for an audit).

<b>Peer Consultation</b>	
*Check if Applicable to: Laws & Ethics Requirements (L&E): <input type="checkbox"/> Cultural Diversity/Social Justice Requirement (CD/SJ): <input type="checkbox"/>	
Date(s) of Meeting(s):	_____
Brief Description	_____
# of Hours:	_____
Person Attesting to Meetings (retain in your records a signed attendance log attesting to your presence)	
Applicability to Practice:	_____

<b>Practice Outcome Monitoring</b>	
*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>	
Date(s) of Session(s):	_____
Client/Patient ID (Please be mindful of confidentiality):	_____
# of Hours:	_____
Applicability to Practice:	_____
*Retain in your records a log including dates, # of hours, details of activities/discussions	

<b>Professional Activities</b>	
*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>	
Name of Association/Regulatory Body:	_____
Date of Appointment:	_____
Duties:	_____
Applicability to Practice:	_____
*Retain in your records verification documentation from organization	

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<b>Conferences / Conventions</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Date(s) of Meeting(s): _____	
Nature of Conference / Convention: _____	
# of Hours: _____	
Applicability to Practice: _____	
*Retain in your records documentation attesting to your presence / participation	

<b>Board Meeting Attendance</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Date(s) of Meeting(s): _____	
# of Hours: _____	

<b>Examination Functions</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Name of Association/Regulatory Body: _____	
Date of Appointment: _____	
Duties: _____	
Applicability to Practice: _____	
*Retain in your records verification documentation from organization	

<b>Academic Courses</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Name(s) of Course(s): _____	
Mode(s) of Delivery (in person, online, video, etc.): _____	
Academic Institution: _____	
# of Hours (per course): _____	
Applicability to Practice: _____	
*Retain in your records verification documentation from provider/academic institution (including course description / syllabus)	

<b>Academic Instruction</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Name(s) of Course(s): _____	
Mode(s) of Delivery (in person, online, video, etc.): _____	
Provider / Academic Institution: _____	
# of Hours (per course): _____	
Applicability to Practice: _____	
*Retain in your records verification documentation from provider/academic institution (including course description / syllabus)	

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<b>Supervision</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Name(s) of Supervisee(s): _____	
# of Hours: _____	
Applicability to Practice: _____	
*Retain in your records a log including dates, # of hours, details of activities/discussions	

<b>Publications</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Title(s) of Publication(s): _____	
Title(s) of Journal Article(s): _____	
# of Hours: _____	
Applicability to Practice: _____	

<b>Sponsored Continuing Education Coursework</b>	*Check if Applicable to: L&E: <input type="checkbox"/> CD/SJ: <input type="checkbox"/>
Name(s) of Course(s): _____	
Mode(s) of Delivery (in person, online, video, etc.): _____	
Provider: _____	
# of Hours (per course): _____	
Applicability to Practice: _____	
*Retain in your records copies of certificates	

<b>Describe how you have complied with the Cultural Diversity/Social Justice Requirement (4 hour minimum):</b>
Name(s) of CPD Activity(ies): _____
Mode(s) of Delivery (in person, online, video, etc.): _____
Applicability to Practice: _____

<b>Describe how you have complied with the Law &amp; Ethics Requirement (4 hour minimum):</b>
Name(s) of CPD Activity(ies): _____
Mode(s) of Delivery (in person, online, video, etc.): _____
Applicability to Practice: _____