



Continuing Professional Development

CPD 20____

Name _____ Signature _____

CMBA _____ CMASA _____

Address _____

State _____ Postcode _____

Email _____

Period 1st December 20__ to 30th November 20__

As one of the standards for registration renewal, CMBA requires a minimum annual requirement of 20 hours, please refer to below for more details:
Chinese Medicine Continuing Professional Development Registration Standard
<http://www.chinesemedicineboard.gov.au/Registration-Standards.aspx>

Please send this record back to CMASA before 31st of December 2015
Preferably, please send scanned record by email at
cmasatcm@hotmail.com
However mail or fax is acceptable.

CHINESE MEDICINE & ACUPUNCTURE SOCIETY OF AUSTRALIA LTD
ABN 46 086 774 996
P.O. Box 1323 Burwood NSW 1805
Phone: (02) 9727 6831 Fax: (02) 9727 8981
Email: cmasatcm@hotmail.com
Website: www.cmasa.org.au

Annual Development Plan

| Goals / Learning Objectives | Outcomes |
|-----------------------------|----------|
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Total CPD for the year 20____

| CPD Category | CPD Hours |
|---|-----------|
| Formal Activities (minimum 14 hrs) | |
| Informal Activities (maximum 6 hrs) | |
| Activities relating to Professional Issues (4 hrs) | |
| Activities relating to scheduled herbs endorsement (minimum 2 hrs if applicable) | |
| TOTAL (Minimum 20 hrs per year) | |

| | | |
|--|---------------------|--|
| Date: Attachment [] Organiser: Topic: Activity: Reflection: | CPD | |
| | Formal | |
| | Informal | |
| | Professional Issues | |
| Date: Attachment [] Organiser: Topic: Activity: Reflection: | CPD | |
| | Formal | |
| | Informal | |
| | Professional Issues | |
| Date: Attachment [] Organiser: Topic: Activity: Reflection: | CPD | |
| | Formal | |
| | Informal | |
| | Professional Issues | |
| Date: Attachment [] Organiser: Topic: Activity: Reflection: | CPD | |
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| Date: Attachment [] Organiser: Topic: Activity: Reflection: | CPD | |
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