



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

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)	

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	Informal	
	Professional Issues	
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