

Peer Review Group Attendance Record – Year

Name of Group:		Group ID #:		Group Suburb or Town:	
Name of Group Coordinator*:		Coordinator's ID #:		State and Post Code:	
Coordinator's Email:		Work phone:		Country:	

Meeting Dates:

	Member Names	ID#																Total Hours
<i>EG</i>	<i>Dr Jan Lowie</i>	<i>9898</i>	√	√	x	√	√	√	x	x	x	√	√	√	√	√	√	20
1*																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
	Meeting Duration (hours):																	
	Coordinator Signature: <i>(Please sign for each meeting)</i>																	

Group Coordinators are responsible for the completion and sign off of this record which may be used to verify hours for the CPD Claims and Audit processes. Retain this form unless required for CPD audit.

A circle may be used to indicate presentation at a Peer Review Group Meeting, if required. The form may be photocopied as needed for additional meetings/members.

Continuing Professional Development Program



The RANZCP own all intellectual property rights (including any copyright, trade mark rights and patent rights) in the Information and this document. You may download, copy or print reasonable amounts of the Information for your personal, non-commercial use, but must not use it in a commercial way (for example, publishing, selling or modifying the Information) without RANZCP's prior written consent.