

Continuing Professional Development (CPD) Annual Log

- 1. At the beginning of each year, decide (with your Supervisor) on CPD needs for the coming year.
- 2. As each activity is completed, fill in details in relevant section of log.
- 3. Retain certificates etc in case you are required to produce them at a later stage e.g. for a CPD Audit
- 4. At the end of the year, complete Reflection
- 5. Have Supervisor sign-off log.
- 6. Retain signed logs (and relevant certificates) as evidence of CPD in case you are required to produce them at a later stage e.g. for a **CPD Audit**

Please find details on accepted CPD categories relevant to your membership category below:

Accredited Member (30 hours) Supervisor Member (30 hours) Pre-Accredited Member (10 hours)

| IACP Accredited Member CPD Requirements | | | |
|---|-------------------------------|--|--|
| Category | CPD Requirement | Notes | |
| Certified CPD | No Minimum | Includes certified workshops, courses, or seminars | |
| | | directly relevant to counselling and psychotherapy | |
| Supervision | Maximum depends on Membership | Accredited Members may include up to 10 hours | |
| Hours received | Category | of supervision received towards their CPD | |
| | | requirements. | |
| Uncertified | No Maximum | 1. IACP Volunteering | |
| and other CPD | | 2. Research and Writing (Counselling and | |
| | | Psychotherapy) | |
| | | 3. Counselling and Psychotherapy Practice- | |
| | | Specific Training (max. 5 hours) | |

| IACP Supervisor Member CPD Requirements | | |
|---|---|---|
| Category | CPD Requirement | Notes |
| Certified CPD | No Minimum | Includes certified workshops, courses, or seminars directly relevant to counselling and psychotherapy |
| Supervision Hours received | Maximum depends on Membership Category | Accredited Supervisors may include up to 10 hours of supervision received towards their CPD requirements. |
| Supervision specific CPD | In addition to the general CPD requirements, supervisors must complete 10 hours of CPD activities | Attending supervisor- specific workshops |

| | specifically focused on enhancing their competencies in providing effective supervision | 2. Attending Supervisor Events 3. Attending Supervisor Forums/Training or Seminars |
|---------------------------|---|--|
| Uncertified and other CPD | No Maximum | 1. IACP Volunteering 2. Research and Writing (Counselling and Psychotherapy) 3. Counselling and Psychotherapy Practice- Specific Training (max. 5 hours) |

| IACP Pre-Accredited Member CPD Requirements | | | |
|---|-------------------------------|--|--|
| Category | CPD Requirement | Notes | |
| Certified CPD | No Minimum | Includes certified workshops, courses, or seminars | |
| | | directly relevant to counselling and psychotherapy | |
| Supervision | Maximum depends on Membership | Pre-Accredited Members may include up to 3 | |
| Hours received | Category | hours of supervision received towards their CPD | |
| | | requirements. | |
| Uncertified | No Maximum | 1. IACP Volunteering | |
| and other CPD | | 2. Research and Writing (Counselling and | |
| | | Psychotherapy) | |
| | | 3. Counselling and Psychotherapy Practice- | |
| | | Specific Training (max. 2 hours) | |

| Date | CPD Hours | Category of CPD: Please specify if Certified / Uncertified and Other | Title of CPD i.e. Course/Workshop/Lecture/Talk | Awarding Body / Institute / Organisation/ Presenter |
|------|--------------|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reflection and CPD Objectives for next year

| |
|------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Membership No: | Renewal Period : | to | |
|--|--|---------------------------------------|--|
| Pre-Accredited (10 Hours) □ | Accredited (30 Hours) | Supervisor (30 Hours) □ | |
| Declaration of Member: | | | |
| I confirm the information I have sup comply with the IACP Continuing P | plied is correct and true. I confirm that I professional Development Policy. | have read, understand and agree to | |
| Name (please print) | Membership No. | | |
| Signature: | Date: | | |
| Declaration of Supervisor: | | | |
| I confirm that I have seen <i>all</i> origina to the Counselling and Psychotherap | al documentation. I believe the CPD underly profession. | rtaken to be relevant and appropriate | |
| Name (please print) | Membership N | [0 | |
| Signature: | Date: | | |
| Notes: You will be required to present original Self-Care and Personal Therapy hou Original supporting Documentation | | ou be subject to CPD audit. | |