



AUSTRALIAN REGISTER OF HOMŒOPATHS LTD

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 Phone: 0488 060 145
 Email: admin@aroh.com.au
 Website: www.aroh.com.au
 ABN: 69 088 314 818

CPD Annual Record

Surname: _____ Other Names: _____

Postal Address: _____

_____ State: _____ Post Code: _____

Contact Phone: (_____) _____ AROH No. _____ Tier level: _____

Email: _____

Please complete this form with reference to the CPD activities listed in the *Guide to Recording and Reporting CPD Points*. If you have any questions regarding CPD please email cpd@aroh.com.au.

Date Day/month/ year	Description of Activity (include title of book/journal/webinar/seminar etc)	Points	Points	State type of evidence you hold on file (e.g., AROH Self Learning Log (SLL), Certificate of attendance (CoA), etc)
		Hom (Min. 10hrs)	Aux (Max. 10hrs)	
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Please retain a copy of this form for your records.		TOTAL:		

STATEMENT I understand that 20 CPD points per year is a requirement of my ongoing registration with the Australian Register of Homoeopaths, as detailed in the Guide to Recording and Reporting CPD.

I certify that the above information is a true and accurate record of my Continuing Professional Development.

Signature _____ Date: _____

Submission of this form acknowledges above statement