**Continuing Professional Development Audit & Logbook**

*As part of the Continuing Professional Development (CPD) audit you are required to complete the ‘Recertification Audit’ below. Please ‘save’ this document and email it to:* mrtbaudit@medsci.co.nz

This document contains the following -

# **Declaration**

**Part A** is for you and your supervisor/employer to complete.

**Part B** is for you to complete (including the logbook).

# **Employment history**

A brief description of your key responsibilities in your current and previous roles from 1 January 2023 to 31 December 2024 is sufficient. Please do not send us a CV.

# **Logbook**

A logbook detailing the CPD activities you have completed in the 24 months (2 years) up to 31 December 2024. The list should include the following information for each activity:

* Date and time of CPD activity
* Location of activity (if applicable)
* Whether it is a Substantive or General CPD activity
* Brief description of the activity
* CPD hours for the activity
* Source, reference, provider details, or name of facilitator/speaker
* A total of substantive (meaningful) and General activities completed each year.

# **Reflective statements**

Provide four (4) reflective statements.

* One related to ethical practice
* One related to your scope of practice (substantive activities).
* One related to culturally appropriate practice.
* One related to any of these elements of practice.

# **Evidence**

Provide evidence for six (6) of the CPD activities you have completed in the 24 months up to 31 December 2024. Evidence can be attendance certificates, attendance sheets or references to articles you wrote or read. Do not include copies of presentations you gave or attended or copies of articles you wrote or read.

▪ At least four (4) of these documents must be related to substantive CPD activities.

▪ At least one (1) document from each year must be provided.

**RECERTIFICATION AUDIT 2025**

Must be completed and emailed to mrtbaudit@medsci.co.nz by 30July 2025.

**PART A**

SUPERVISOR/EMPLOYER DECLARATION

To be completed by your supervisor/employer, or a senior practitioner who holds a current practising certificate issued by the Medical Radiation Technologists Board.

|  |  |
| --- | --- |
| Supervisor/Employer Name: | Enter name here. |
| Supervisor/Employer Position: | Enter position here. |
| Registered as Health Practitioner with: | Select Responsible Authority here. Enter other responsible authority here |
| Supervisor/Employer Registration Number: | Enter registration number here. |
| Supervisor/Employer Scope of Practice: | Enter scope of practice here. Enter other profession here |

Name of Practitioner: Enter name of practitioner here.

Practitioner’s Registration Number: Enter registration number of practitioner here.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| The practitioner has received a satisfactory performance appraisal that demonstrates competence within the last 12 months in the stated scope of practice.  |[ ]  [ ]  |
| I am satisfied that the practitioner complies with the Code of Ethics.  | [ ]  | [ ]  |
| I am satisfied that the practitioner is physically and mentally fit and competent to practise.  | [ ]  | [ ]  |

Supervisor/Employer Signature: Enter supervisor signature here.

Date: Enter date here.

**PART B**

PRACTITIONER DECLARATION

|  |  |
| --- | --- |
| Name: | Enter name here. |
| Registration number: | Enter registration number here. |
| Scope of practice: | Enter scope of practice here. |
| CPD programme (if applicable): | Enter CPD programme here. |
| Period being audited: | Enter audit period here. |
| Employment history during audit period: |
| Enter employment history here. |
| Total months worked during audit period: | Enter number of months here. |

PRACTITIONER DECLARATION

Please circle your answers

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I have received a satisfactory performance review which confirms that I am clinically competent to practise within my scope of practice. | [ ]  | [ ]  |
| I comply with the Code of Ethics.  | [ ]  | [ ]  |
| I believe I am physically and mentally competent to practice.  | [ ]  | [ ]  |
| **I have provided the Board with the following documents:** |
| * A logbook detailing the CPD activities I completed during the audit period.
 | [ ]  | [ ]  |
| * Six (6) documents as evidence of the completion of CPD activity
	+ At least one (1) from each calendar year
	+ At least four (4) related to substantive CPD activities.
 | [ ]  | [ ]  |
| * Four (4) reflective statements
	+ One (1) related to ethical practice
	+ One (1) related to my scope of practice
	+ One (1) related to culturally appropriate practice
	+ One (1) other reflective statement.
 | [ ]  | [ ]  |
| * My employment history for the audit period, including a brief description of the duties for each position I have held, and the total months spent in clinical practice.
 | [ ]  | [ ]  |

Signature: Enter signature here. Date: Enter date here.

LOGBOOK – *add rows as necessary*

| Date of activity | Name of activity | Location of activity | Source and/or provider details; or name of facilitator/speaker | Hours | Evidence provided? | Reflective statement provided? |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Substantive | General |  |  |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
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| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[x] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[x] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[x] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[x] [ ]  Number 1-6 | Number 1-4 |
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| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
| Date | Name of activity | Location of activity. | Source/Provider details or Name of facilitator/Speaker |[ ] [ ]  Number 1-6 | Number 1-4 |
| TOTALS: | 0 | 0 | 0 | 0 |

CERTIFICATE / EVIDENCE 1



CERTIFICATE / EVIDENCE 2



CERTIFICATE / EVIDENCE 3



CERTIFICATE / EVIDENCE 4



CERTIFICATE / EVIDENCE 5



CERTIFICATE / EVIDENCE 6



REFLECTIVE STATEMENTS

**Summary of learning** – What have you learnt? How has the CPD contributed to your body of professional knowledge and skills?

**Outcomes** – How have you applied this learning to your work and integrated the knowledge and findings into your practice?

**Further Learning** – What further learning could you undertake?

REFLECTIVE STATEMENT 1

Ethical [ ]  Substantive [ ]  Cultural [ ]

Enter statement here.

REFLECTIVE STATEMENT 2

Ethical [ ]  Substantive [ ]  Cultural [ ]

Enter statement here.

REFLECTIVE STATEMENT 3

Ethical [ ]  Substantive [ ]  Cultural [ ]

Enter statement here.

REFLECTIVE STATEMENT 4

Ethical [ ]  Substantive [ ]  Cultural [ ]

Enter statement here.