**CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)**

**ACTIVITY LOG**

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| **PERSONAL DETAILS** |
| Name and Surname |  |
| Warrant No. |  |
| Address |  |
| Email |  |
| Mobile |  |
| Psychotherapy Association membership with: |  |
| Professional Practice |  Full-Time Part-Time: No. of hours \_\_\_\_\_\_\_\_\_\_\_\_ |
| CPD Timeframe | 1st January 2023 – 1st January 2026 |

Continuous Professional Development requires that psychotherapists complete 100 (one hundred) hours of CPD over a period of three years. This is required for those in fulltime professional practice or its equivalent in part-time practice.

Kindly provide evidence of this by filling in this log. You may add/delete table cells as required and do not need to carry out CPD in all the categories.

For further detailed information, please refer to the Continuous Professional Development (CPD) document that accompanies this CPD Activity Log. <https://family.gov.mt/en/officially-appointed-bodies/psychotherapy-profession-board/>

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| 1. Advanced or additional post qualification professional psychotherapy training.
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| Training title  | Provider | Synopsis of training | Number of hours | Attached attendance certificate (Yes/No) |
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| 1. Professional supervision for psychotherapy practice/clinical/group work;

In the case of Registered supervisors: Hyper-vision (supervision of supervision). |
| Name of Supervisor/Institution  | Number of hours | Attached letter of attestation (Yes/No) |
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| 1. Personal Therapy
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| Name of Therapist | Number of hours | Attached letter of attestation (Yes/No) |
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| 1. Attending or presenting at: psychotherapy conferences, symposia, workshops, seminars, video-conferences, **organised/presented by recognised bodies and/or warranted professionals in the related field**.
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| Title  | Date | Organiser | Number of hours | Attached attendance certificate/s or attestation letter/s (Yes/No) |
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| 1. Professional activities in psychotherapy including being elected to a Board or a Committee and attending related meetings.
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| Name of Board or committee | Dates of meetings | Number of hours | Attached attestation letter/s (Yes/No) |
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| 1. Participation in extra psychotherapy training as a supervisor/researcher/teacher
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| Extra psychotherapy training  | Number of hours | Attached letter/s of attestation/evidence (Yes/No) |
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| 1. Writing, editing, publishing or delivering of research papers; on-line professional activities related to the profession; articles in the media
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| Activity carried out  | Number of hours | Evidence Attached evidence of work (Yes/No) |
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I hereby declare and confirm that all of the information provided above is correct and that all scanned and submitted documents are authentic true copies.

I continue to abide by the Psychotherapy Profession’s Code of Ethics and meet the current CPD requirements.

Signature: …………………………………………. Date ……………………….

**Those selected as part of the audit carried out every three years, must send all documents to the email address:** **psychotherapyboard.family@gov.mt****. The completed CPD Activity Log, together with all required documents must be scanned and attached into one email.**