

CCP Audit Template		Registration No.
Name:	Audit Start Date:	Audit End Date:
Brief description of current work, hours of work and time in this role:		

CCP Credit Summary for Audit						
Category	Yr 1 Credits	Yr 2 Credits	Yr 3 Credits	Yr 4 Credits	Yr 5 Credits	Total 5yr credits
1. Continuing Education						
2. Practice Review						
3. Cultural Competency						
Total credits						
√ for having done a 3+ credit activity						
√ for including learning objectives						

Recency of Practice (must be signed by all audit participants)		
I declare that this is a true record of my CC activities and confirm that I have worked a minimum of 100 working days or 750 hours in the last five years (for dietitians who have not been practising for 5 years, please work this out on a pro-rata basis).		
Dietitian's Signature:	Date:	
Mentor/Supervisor Sign Off (please refer to '2010-2011CCP Audit Template changes explained')		
Mentor/Supervisor's Name:	Position:	
1. Credits have been reviewed and appear to accurately reflect the value of learning activities	yes	no
2. Learning objectives were reviewed with the participant	yes	no
Mentor/Supervisor's Signature:	Date:	

