



**AUSTRALIAN REGISTER OF HOMŒOPATHS LTD**

PO Box 1614 Wollongong NSW 2500  
 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. \_\_\_\_\_

Email: \_\_\_\_\_

Please complete this form with reference to the *Table of CPD Activities, Points and Required Evidence* and 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	Activity No.	Activity	Group A points	Group B points	Type of evidence available
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<b>Please retain a copy of this form for your records.</b>			<b>TOTALS</b>	+	=

**STATEMENT**

I ..... understand that 20 CPD points per year, or an aggregate of 60 points over the last three years 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.

Submission of this form acknowledges above statement

Date: