

DENTAL COUNCIL OF NEW ZEALAND

Te Kaunihera Tiaki Niho o Aotearoa

Continuing Professional Development activity summary

1. Name and Registration Number	
Name	Registration number(s)

2. Scopes of Practice	
Please tick the scope(s) in which you are registered	
General Dental Hygiene <input type="checkbox"/>	Orthodontic Auxiliary <input type="checkbox"/>
General Dental Technology <input type="checkbox"/>	Clinical Dental Technology <input type="checkbox"/>
	General Dental Therapy <input type="checkbox"/>

3. Recertification requirements
<p>The Continuing Professional Development (CPD) cycle for dental therapists, hygienists, orthodontic auxiliaries, dental and clinical technicians ends on 31 December 2009. Please tick the box that applies to you.</p> <p><input type="checkbox"/> Yes - I confirm that I have completed the required continuing professional development activities in the two / four-year CPD cycle ending 31 December 2009. The CPD hours must be across all your scopes of practice.</p> <p style="margin-left: 40px;">_____ (Insert number) peer contact activities.</p> <p style="margin-left: 40px;">_____ (Insert hours) of verifiable CPD.</p> <p><input type="checkbox"/> No – I have not completed my CPD requirements. (Please explain and attach a separate sheet if necessary.)</p> <p>_____</p> <p>_____</p>

The table below shows the number of verifiable hours and peer contact activities you are required to complete for this CPD cycle. The hours listed below have been adjusted to reflect the change in the reduction of the CPD cycle from 31 March to 31 December 2009 being the three months off the full two or four year cycles accordingly.

HYGIENE	THERAPY
26 verifiable hours / 4 interactive peer contact activities	26 verifiable hours / 4 interactive peer contact activities
ORTHODONTIC AUXILIARY	DENTAL & CLINICAL TECHNICIANS
17 verifiable hours / 3 interactive peer contact activities	56 verifiable hours

5. Signed by
<p>Name _____ Signature _____ Date _____</p>

Office Use Only	Date received _____
Total Verifiable _____	Total Verifiable Outstanding _____
Total Peer Contacts _____	Total Peer Contacts Outstanding _____
Condition on APC Yes/No	Expiry Date _____
Notes	