APPENDIX SIX

ENRICHVIC ACTIVITY RECORDING SHEET

This sheet (or similar sheet provided by CPD provider) should be completed for each CPD activity undertaken.

Name / Title of activity: _____ **Date:** _____

Name of Provider: _____

Describe the activity

List the key issues / objectives / competencies addressed

How will this information be used in practice?

Signature: _____ **Date:** _____

Hours: _____ **ENRICHVIC Points:** _____

List this activity on your Annual ENRICHVIC CPD Activity Summary and retain a copy of this record in your ENRICHVIC folio.

PHARMACY BOARD OF VICTORIA Level 6, 369 ROYAL PARADE PARKVILLE VIC 3052 ABN 77 875 845 822
ENRICHVIC enquiries Tel +61 3 9356 8400 Fax +61 3 9348 0608
enrichvic@pharmacybd.vic.gov.au www.pharmacybd.vic.gov.au