

**Appendix 3**

**Activities Log**

This log is to be used by participants to record the activities and collection of points and should be submitted as evidence supporting a claim for CAP registration.

<b>Activities Log – CAP commencing _____</b> Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ <i>(Please retain the original and submit a certified copy with associated evidence when claiming Cap currency)</i> Activities/Points retain currency for two (2) years only.				<b>ACAP Activities</b>	<b>ACAP Endorsed Activities</b>	<b>Agency Activities</b>	<b>Independent Activities</b>
Date	Description of Activity	Activity Code	Organisation				
<b>Total Points</b>							
Activity Codes: Clinical ; C, Management; M, Education; E, General Professional Development; PD, College Task; CT.							
I certify that the above information is a true and accurate record of the professional development activities undertaken by me during the period from _____ to _____				Members Signature _____ Date _____			