

Appendix 4

Example Points allocation

Activities Log – CAP commencing _____ Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ <i>(Please retain the original and submit a copy when claiming CAP currency)</i> Activities/Points retain currency for one (1) year only.				ACAP Activities	ACAP Endorsed Activities	Agency Activities	Independent Activities
Date	Description of Activity	Activity Code	Organisation				
	Annual Clinical Validation by employing agency	C	QAS			25	
	Attend ACAP Conference 3 days	PD	ACAP	19			
	Clinical Update (new Equip)	C	MAS			2	
	1 unit of study from Cert 4 AWT	E	TAFE				10
	Half day workshop Asthma	C	Asthma Foundation				5
	Personal Performance Review	PD	NSW AS			4	
	12 months as Branch Secretary	CT	ACAP SA Branch	10			
	Attend Spark of life Conference 1 day	C	ARC		6		
	Half day workshop on cultural awareness	PD				4	
	Authored article for E Journal	PD	ACAP				5
	Presented paper at National Conference on Ambulance management	M	AIM				5
Please Note: The above list is indicative of point's allocation not exhaustive. If you are in doubt about what activities collect points and the number of points allocated contact ACAP.							
Total Points				29	6	35	25
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 _____			