

CPD Plan of Action

Member name: _____

Deficiency noted in:

☐ Annual requirement Year: _____ Hours deficient: _____

☐ Three year rolling requirement Years: _____ Hours deficient: _____

Please advise how you intend to make up the hours deficiency, as well as the expected dates.

Planned Activity	Expected date of Completion

Comments from the review committee:

☐ Approved ☐ Changes required