**Following a break in practice or CPD activity of up to 2 years**

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| --- | --- |
| **Reaccreditation renewal application checklist (up to 2 years)** | |
| Certificate of attendance at an IPT practitioner/ supervisor refresher training day (delete as required) | YES NO |
| Plan to meet IPTUK accreditation requirements in the next 12 months  Casework:  CPD:  Facilitated (please identify planned events)  Self-directed (describe)  Reflective practice (describe) | YES NO |
| Details of IPT supervision arrangements for the next 12 months:  Supervisor’s name:  Supervisor’s email address  Details of supervision arrangement (frequency, format, duration): | YES NO |
| Signature  Date | |

Please send this completed checklist along with any relevant certificates to [contact@iptuk.net](mailto:contact@iptuk.net)

**SAMPLE SUBMISSION**

**Following a break in practice or CPD activity of up to 2 years**

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| --- | --- |
| **Reaccreditation renewal application checklist (up to 2 years)** | |
| Certificate of attendance at an IPT practitioner/ ~~supervisor~~ refresher training day (delete as required)  Certificate attached | YES |
| Plan to meeting IPTUK accreditation requirements in the next 12 months  Casework:  IPT caseload of 2 case per week  CPD  Facilitated  Attend IPTUK regional meeting on 4/5/19  Self-directed (describe)  Watch video of communication analysis decision analysis and supervisor’s discussions on IPTUK website  Reflective practice (describe)  Attend IPTUK webinar of IPT case presentation and discussion on 3/4/19 | YES |
| Details of IPT supervision arrangements for the next 12 months:  Supervisor’s name:  Joe Bloggs  Supervisor’s email address  [Joe.Bloggs@nhs.net](mailto:Joe.Bloggs@nhs.net)  Details of supervision arrangement (frequency, format, duration):  30 mins per fortnight; telephone supervision | YES |
| Signature I.P. Therapist  Date 11.11.18 | |

Please send this completed checklist along with any relevant certificates to [contact@iptuk.net](mailto:contact@iptuk.net)

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| **Reaccreditation renewal application checklist (2-5 years)** | |
| Certificate of attendance at an IPT practitioner/ supervisor refresher training day (delete as required) | YES NO |
| Evidence of meeting IPTUK CPD requirements in the last 12 months:  Casework:  CPD:  Facilitated (attach attendance certificate)  Self-directed (describe)  Reflective practice (describe) | YES NO |
| Details of IPT supervision arrangements for the next 12 months:  Supervisor’s name:  Supervisor’s email address  Details of supervision arrangement (frequency, format, duration): | YES NO |
| Signature:  Date: | |

Please send this completed checklist along with any relevant certificates to [contact@iptuk.net](mailto:contact@iptuk.net)

**SAMPLE SUBMISSION**

**Following a break in practice or CPD activity of 2-5 years**

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| **Reaccreditation renewal application checklist (2-5 years)** | |
| Certificate of attendance at an IPT practitioner/ ~~supervisor~~ refresher training day (delete as required)  Certificate attached | YES |
| Evidence of meeting IPTUK CPD requirements in the last 12 months:  Facilitated (attach attendance certificate)  National IPTUK educational meeting webinar attendance certificate attached  Self-directed (describe)  Watched 45 mins video on www.ipsrt.org  Reflective practice (describe)  Attended monthly peer supervision group in my service – one hour per month, June – December 2018 | YES |
| Details of IPT practice and supervision arrangements for the next 12 months:  Casework:  Capacity for 6 IPT cases per week  Supervisor’s name:  Joe Bloggs,  A.N. Other (peers)  Supervisor’s email address  [Joe.bloggs@nhs.net](mailto:Joe.bloggs@nhs.net)  An.other@nhs.net  Details of supervision arrangement (frequency, format, duration):  One hour per month peer supervision group in service | YES |
| Signature: I.P. Therapist  Date: 11.11.18 | |

Please send this completed checklist along with any relevant certificates to [contact@iptuk.net](mailto:contact@iptuk.net)

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| **Reaccreditation renewal application checklist (5 years plus)** | |
| Certificate of attendance at an IPT practitioner/ supervisor refresher training day (delete as required) | YES NO |
| Supervised casework:  Dates of casework:  Supervisor’s confirmation of casework attached  Supervisor’s contact details: | YES NO |
| Details of IPT supervision arrangements for the next 12 months:  Supervisor’s name:  Supervisor’s email address  Details of supervision arrangement (frequency, format, duration): | YES NO |
| Signature:  Date: | |

Please send this completed checklist along with any relevant certificates and a supervisor statement to [contact@iptuk.net](mailto:contact@iptuk.net)