**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 monthsCasework: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 addressDetails of supervision arrangement (frequency, format, duration): | YES NO  |
| Signature Date  |

Please send this completed checklist along with any relevant certificates to 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 monthsCasework:IPT caseload of 2 case per weekCPDFacilitated Attend IPTUK regional meeting on 4/5/19Self-directed (describe)Watch video of communication analysis decision analysis and supervisor’s discussions on IPTUK websiteReflective 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 BloggsSupervisor’s email addressJoe.Bloggs@nhs.netDetails of supervision arrangement (frequency, format, duration):30 mins per fortnight; telephone supervision | YES  |
| Signature I.P. TherapistDate 11.11.18 |

Please send this completed checklist along with any relevant certificates to 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 addressDetails of supervision arrangement (frequency, format, duration): | YES NO  |
| Signature:Date: |

Please send this completed checklist along with any relevant certificates to 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 attachedSelf-directed (describe)Watched 45 mins video on www.ipsrt.orgReflective 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 weekSupervisor’s name:Joe Bloggs, A.N. Other (peers)Supervisor’s email addressJoe.bloggs@nhs.netAn.other@nhs.netDetails of supervision arrangement (frequency, format, duration):One hour per month peer supervision group in service | YES  |
| Signature: I.P. TherapistDate: 11.11.18 |

Please send this completed checklist along with any relevant certificates to 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 attachedSupervisor’s contact details: | YES NO |
| Details of IPT supervision arrangements for the next 12 months:Supervisor’s name:Supervisor’s email addressDetails 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