RANZCP CPD for Trainees on Prolonged BiTs

Supervision Record Form

Upload completed form/s to My CPD, Section 2.1: Supervision.

If more than one supervisor, a separate form must be used for each supervisor.

Please contact the CPD Team via cpdhelp@ranzcp.org if you have any questions.

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| **TRAINEE NAME:**  | **RANZCP ID:** |

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| ***Supervision Verification***  |
| **SUPERVISOR NAME:** | **RANZCP ID:** |
| **Dates of supervision** | **Hours claimed** |
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| I can verify that the above-named activity was undertaken for the hours and dates claimed above. |
| **Signed:** | **Date:** |

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