



Continuing professional development and recertification

Record of continuing professional development activities

for doctors who are not participating in a recognised vocational training or recertification programme

Name (*Doctor registered within a general scope*) _____ MCNZ Reg No _____

Name (*Colleague*) _____ MCNZ Reg No _____

A. Practice clinical audit (one per year)

Audit topic _____

What did you learn? _____

How did your practice change as a result? _____

Colleague's comments and sign-off _____

MCNZ office use _____
