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**Continuing Professional Development Certificate of Completion**

**I confirm that** (name of participant being validated) **undertook the activity set out below and I confirm we had a reflective discussion about the activity after we had each completed the activity as stated below.**

Each participant is requested to sign a statement for another participant

to confirm the stated activity took place.

1. **Activity Undertaken**
2. **Type of activity:**

For example:

we each read article “article name” by ‘author’s name’ and discussed with others in on-line meeting / by phone conference;

we each watched podcast “title of podcast” by ‘name of speaker’ and discussed with others in on-line meeting / by phone conference;

1. **Date of reflective discussion of activity a. above**:
2. **Names of all Members participating** **in this CPD activity:**

(Please print full names as appear on BAATN membership listing of each participant):

1. ……
2. …….
3. …….

**Confirmation Signature**

*By signing this certificate, I understand that I am verifying the information above to be a true and accurate statement of CPD activity by the participant named.*

**Your Name** (as appears on BAATN membership listing):

**Your Signature:**

**Date of Signing Certificate:**