

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

### Introduction

**It is a requirement for IPTA Full membership to ensure that Continued Professional Development is maintained.** The current IPTA requirement is 25 hours of CPD per year. During a period of any 3 consecutive years a minimum of 75 hours of CPD must be completed with no less than 12-5 hours in any one year. Hours can be accrued as follows:

***Individual Supervision:*** A minimum of 10 hours supervision per year at regular intervals. (Additional hours completed in any one year may be carried over to the next year.) *It is the responsibility of the Play Therapist to ensure that supervision is sufficient to meet their own and their clients' needs. Complex cases usually need more liaison, record-keeping and possibly, supervision time.*

***Training:*** Lectures, conferences, courses or workshops directly or indirectly related to Play Therapy a minimum of 4 hours per year (Additional hours completed in any one year may be carried over to the next year.)

***Play therapy Peer Support Group:*** Up to 8 hours at regular intervals in any one year recommended.

***Play Therapy related activities:*** The remaining hours of Continuing Professional Development can be covered by the following:

- Providing clinical supervision or training to others;
- Research or dissertation on Play Therapy;
- Developing Play Therapy through work on professional committees, working parties or regional support groups (Play Therapy)
- Developing / promoting Play Therapy in an organisation;
- Personal Therapy;
- Maintaining the CPD portfolio (one hour);
- Reading, as part of working towards learning objectives e.g: develop further knowledge of sand play by attendance at short course, reading and discussion with peers. Evaluate practice and learning.
- All Full members of IPTA will be provided with a Professional Development Portfolio. All CPD hours must be recorded in the portfolio in preparation for membership renewal.

### Exemptions

For example: unemployment, illness, working abroad, maternity/paternity leave. IPTA will give individual consideration in the case of exceptional circumstances.



## Log of Peer Support Group

To be completed at each meeting

<b>Date</b>	<b>No of Hours</b>	<b>No of Peers Present</b>	<b>Learning Points (optional)</b>





**Declaration of Completion of Continuing Professional Development Log**

I,..... (Name of Practitioner) declare that I have completed:

Total No. of Supervision Hours

Total No. of Peer Support Group Hours

Total No. of Training Hours

Total No. of hours of related Play Therapy activity

In the year: \_\_\_\_\_ to \_\_\_\_\_

I confirm that the information detailed in this Continuing Professional Development Log is true to the best of my knowledge and does not contain any false or misleading information regarding my experience, qualifications, practice, supervision or attendance.

Your Signature \_\_\_\_\_

Your Full Name \_\_\_\_\_

Today's Date \_\_\_\_\_