



ANZCA and FPM CPD Program

Annual structured conversation/performance appraisal CPD verification form

Annual structured conversation/performance appraisal details

Participant name: _____

Reviewer's name: _____

Reviewer's role: _____

Name of hospital/practice location: _____

CPD verification by reviewer

I confirm as part of the ANZCA and FPM CPD program's annual structured conversation/performance appraisal activity for (Participant's name) _____, a meeting was convened to discuss their development needs and goals for the coming year.

Signed: _____ Date: _____