



FORM **CPD**: CONTINUING PROFESSIONAL DEVELOPMENT*

For renewal of accreditation by IIP, accredited Adlerian Counsellors must complete the following **Personal Information Form** and **Activity Review Form**

A. PERSONAL INFORMATION

Name:	
Address:	
Telephone numbers: Day:	Eve:
Email:	
Period covered in this application (month/year):	

I confirm that I am an Accredited Adlerian Counsellor in good standing and that the information submitted on this form is accurate to the best of my belief and knowledge.

Applicant's Signature: *Date:*

Name of regular Supervisor:

<i>Category and activities</i>	<i>Date of activity</i>	<i>No. of hours</i>
1. Short Courses on Professional Issues:		
2. Seminars and Conferences:		
3. Study for Further Qualifications:		
4. Encouraging the Development of Others:		
5. Committee Work/Meetings:		
6. Personal Development:		
	Total no. of hours:	

I am satisfied that the above activities have contributed to the professional development of
Counsellor's name:

Signature of regular Supervisor: *Date:*