COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

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CPD AUDITEE CHECKLIST

QUALITY ASSURANCE PROGRAM

Registrant Name: _____

Date: _____

INTRODUCTION

In accordance with Ontario Regulation 194/23: General, of the *Psychology and Applied Behaviour Analysis Act, 2021*, every registrant of the College must participate in continuing education and professional development activities. The College is required to monitor registrant participation in, and compliance with, this and other components of the Quality Assurance Program.

You have been selected to participate in an audit of your completion of the Continuing Professional Development ("CPD") Program requirements. Please complete the following questionnaire and provide all materials relevant to your participation in CPD activities during the last two-year cycle, including:

___ Completed CPD Auditee Checklist Form

___ A copy of the CPD goals you created in ***Part 4: Summary of Ongoing and New CPD Goals and Objectives*** from your completed **2023 Self-Assessment Guide** and the ***Self-Care Attestation*** (pages 23-25)

___ CPD tracking sheet describing the activities and credits/ hours completed during the July 1, 2023 - June 30, 2025 cycle

___ Copies of all available supporting documentation or records which can be used to verify your participation in the recorded CPD activities

Please indicate the CPD requirement structure you followed during this cycle:

◯ Previous Requirement Structure (Categories A1-A8, B1-B3)

◯ New Requirement Structure (Sections A, B, and C)

Your selection must reflect the requirement structure used in the CPD tracking sheet included in your submission.

Note: Registrants required to participate in the 2023-2025 cycle were permitted to observe the previous program requirement structure (Category A1-A8, B1-B3), or the new requirement structure (Sections A, B, and C). Please complete the auditee checklist based upon the requirement structure which you observed and fulfilled.

RESOURCES

To assist you in preparing your audit submission, please review the following online resources to ensure you are providing all required information:

1. CPD Audit Submission Guidelines
2. CPD Program Description
3. Downloadable CPD Tracking Sheet Templates

QUESTIONNAIRE

Please complete the following questionnaire. If you were unable to fulfill any of the components of the requirement structure which you followed during the two-year cycle, please describe your reasoning in the space provided below each question.

1. **I have completed a total of at least 50 eligible CPD hours during the two-year cycle of July 1, 2023 – June 30, 2025.**

   ☐ Agree ☐ Disagree

   If you were unable to fulfill this requirement, please explain:

2. ◯ **Of the 50 hours completed, <u>at least 10 hours</u> are from participation in Section A (A1 - A8 Professional Activities).**

   OR

   ◯ **Of the 50 hours completed, <u>at least 15 hours</u> are from participation in Section A: Professional Interaction and Interdisciplinary Activities.**

   When completing this form electronically, your response will be pre-filled based on the requirement structure selected on page 1.

   If you were unable to fulfill the indicated requirement, please explain:

3. ◯ **Of the 50 hours completed, <u>at least 10 hours</u> are from participation in Section B (B1-B3 Continuing Education Activities).**

OR

◯ **Of the 50 hours completed, <u>at least 15 hours</u> are from participation in Section B: Continuing Education, Professional Training and Self-Directed Learning Activities.**

When completing this form electronically, your response will be pre-filled based on the requirement structure selected on page 1.

If you were unable to fulfill the indicated requirement, please explain:

4. **Of the 50 hours completed, the content of <u>at least 10 hours</u> related to professional standards, legislation, and ethical conduct. I have also provided sufficient detail or records to describe the content considered and its benefit towards my knowledge, skill and judgment.**

☐ Agree ☐ Disagree

If you were unable to fulfill this requirement, please explain:

5. **Of the 50 hours completed, the content of <u>at least 5 hours</u> related to equity, diversity and inclusion. I have also provided sufficient detail or records to describe the content considered and its benefit towards my knowledge, skill and judgment.**

☐ Agree ☐ Disagree

If you were unable to fulfill this requirement, please explain:

6. **I have attached a copy of *Part 4: Summary of Ongoing and New CPD Goals and Objectives* and the *Self-Care Attestation* from my 2023 Self- Assessment Guide. (Pages 23-25 only)**

☐ Agree ☐ Disagree

If you chose "Disagree", please explain:

7. **I have included a CPD tracking sheet and supporting documentation which provides the following information, sufficient for verifying completion of my recorded activities.**

a) The name and a detailed description of each activity	☐ Agree	☐ Disagree
b) The date on which each activity was completed	☐ Agree	☐ Disagree
c) The number of activity hours earned, and any portion of the hours counted towards the Ethics and/or EDI requirements (see questions 4 & 5)	☐ Agree	☐ Disagree
d) The names of the organizations, providers, or other individuals associated with each activity	☐ Agree	☐ Disagree
e) Supporting documentation for each organized activity	☐ Agree	☐ Disagree
f) Sufficient information to allow for verification of any activity for which no formal documentation is available	☐ Agree	☐ Disagree

If you chose "Disagree" for any of the above, please explain:

ADDITIONAL COMMENTS

Please note any additional information you would like the Quality Assurance Committee to consider regarding your completion of the Continuing Professional Development Program requirements.

Include your completed CPD Auditee Checklist Form in your submission of the requested audit materials. Submissions to the College may be addressed to Quality Assurance staff and sent by e-mail, fax or mail. Please notify staff of mail submissions.

E-mail: qualityassurance@cpbao.ca

Fax: 416-961-2635

Mail: College of Psychologists and Behaviour Analysts of Ontario
110 Eglinton Ave. West, Suite 500
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Use of a trackable mailing service is recommended for mail submissions. To ensure timely receipt at the College offices, please do not require a signature upon delivery as this may cause delays.