

Activities that qualify for AHA Continuing Professional Development

Activity	Point Value	Evidence accepted
All day seminar or workshop	1 per hour	Date of attendance (Copy of certificate of attendance)
½ day seminar or workshop	1 per hour	Date of attendance (certificate)
Extra professional supervision	1 per hour	Supervisor signed attendance Form
Publication of an article in the AHJ or a peer reviewed journal	5 per article	Copy of article showing issue date and name of publication (minimum of 250 words)
Author or joint author of a published book	20	Book title, publisher, year published and ISBN number
Book and DVD report	2	One page summary to be available for the AHJ
Postgraduate study in hypno-therapy and/or related subjects	20	Copy of academic record
Presentation at a seminar, workshop or conference	5 per presentation hour	Date of presentation accompanied by advertising Material
Professional development through distance courses or CD/DVD	2 points each	Proof of attendance
First aid certificate	7	Copy showing certificate number and expiry date
Courses longer than 20 hours in clinical practice or business management	20	Copy of certificate of attendance
Volunteer work in hypnotherapy for a community based agency / project	1 per hour	Date of attendance and name of organisation
Subscription to a journal / publication on hypnotherapy	2 per subscription	Receipt, journal title, publisher and ISBN number
Attendance at AHA meetings	2 per meeting	Date of attendance
Recognition of prior learning to gain a qualification via a government accredited RTO	10	Copy of qualification
Supervise the supervisor	1 per hour	Signed CPD card or letter



Australian Hypnotherapists Association

2015 / 2016

**Continuing
Professional
Development
(CPD) &**

Supervision Record Card

Australian Hypnotherapy Association

National Administration Office

PH: 1300 55 22 54

Email: admin@ahahypnotherapy.org.au

Website: <http://ahahypnotherapy.org.au>

Record of Continuing Professional Development

Your details:

Name: _____
Membership number: _____
Contact number: _____
Email address: _____
Postal Address : _____

Name of supervisor or peer support group (List suburb):

Record of peer support group or individual or group supervision attendance

Date	Supervisor/Peer group	Hours	Verification

Type: PG = peer group, IS = one on one supervision ; GS = Group supervision
Minimum of 12 hours per year one –on-one or 24 hours per year for group supervision

Record of Continuing professional development (minimum of 20 hours per year)

Date	Event	Hours	Points	Verification

Minimum required is 20 hours of professional ongoing education per year
Additional information may be attached on a separate sheet to the record form if required. Please submit this record with your membership renewal form.