



ANZCA and FPM CPD Program

Peer support groups CPD verification form

Participant: _____

Meeting date: ___/___/___ Duration (hours): _____

PSG coordinator: _____

PSG facilitator: _____

Summary of key issues discussed:

(Only de-identified information/ no patient or other participant details)

CPD verification (completed by participant)

I confirm as part of the ANZCA and FPM CPD Program *Analysing healthcare outcomes* activity that I (participant's name) _____ attended a *Peer support group* meeting and was actively involved in discussions.

Signed: _____ Date: _____