



Australia Register of Podiatrists

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Professional Development Record

Name _____

Registration Number _____ Date _____

Date	Duration in Days/Hours	Providing Organisation	Type of Activity eg workshops, seminars, courses	Describe the subjects Covered	Sponsor Category (A) Activity Provider (B) Employer (C) Self declared	Sponsor Verification (Sign and Print Name)



Australia Register of Pedorthists

Work Log

Name _____

Registration Number _____ Date _____

Date Work Started	Duration of work No of hours	Brief description of work	Your role (A) Assessment (B) Design (C) Production (D) Service (E) Advice	Level of work required 1. Retail 2. Modifier 3. Practitioner	Verification of work Work inspected and approved by