



**LOG BOOK OF CONTINUING PROFESSIONAL DEVELOPMENT  
(CPD) WITH COGNITIVE BEHAVIOURAL PSYCHOTHERAPY  
IRELAND (CBPI)**

Before applying to CBPI for Re-/ Accreditation it is important that you note the following information:

**GUIDANCE NOTES**

**For applicants seeking first-time accreditation:**

- list CPD entries between Jan. 01 - Dec. 31 of every Year (E.g. 2019, 2020)

**For applicants seeking Re-accreditation:**

E.g. Accreditation Period : April 20, 2019 to April 19, 2024

- list CPD entries between Jan. 01 - Dec. 31 of every Year (including the commencement year of the accreditation period) till Expiry Date of the accreditation period.

E.g. Jan. 01 - Dec. 31, 2019, 2020, 2021 etc. until April 19, 2024.

CPD entries must be listed between Jan. 01 - Dec. 31 of every year from the commencement date of accreditation period.

Please replicate (*Page 2*) for additional pages.  
Use a new page to start Jan. 01st of every year.

There are many activities that could be included as evidence of sustained commitment e.g. attendance at workshops and training courses, relevant research, providing training, publications, attendance at professional meetings with Cognitive Behaviour Psychotherapy as the focus. CBPI requires evidence of a balance between these activities for a minimum of 50 hours per year.

**Do not include Omission, Inaccuracy, False or Misleading Information , in respect of an application submission. If you do, your application is adversely affected.**

**Please USE BLOCK CAPITALS (if handwriting) while completing this form.  
Forms should preferably be typed.**

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UNCONTROLLED VERSION WHEN PRINTED OR SAVED LOCALLY the electronic version on the website is the only version that is maintained

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COGNITIVE BEHAVIOURAL PSYCHOTHERAPY IRELAND (CBPI)**

**NAME:**

**Title:** Mr, Mrs, Miss, Ms, Dr. (Please Underline)

CBPI Membership Number	Start Date of Last Accreditation period	Expiry Date of Last Accreditation

YEAR	Date	Activity, Title, Organisation body (i.e. workshops, research, meetings, conference, meetings)	Duration hours	CBT-specific If Yes, Tick

<b>Total of CBT- specific CPD Hours for the Year (xxxx)</b>	
<b>Total of all/ combined CPD Hours for Year (xxxx)</b>	

PLEASE REPLICATE THIS FORM FOR ADDITIONAL YEARS