



**ashm**

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce



## Application for adjudication of educational activity

### by individual (prescriber) for HIV CPD Points

**PLEASE NOTE: This application may be submitted either via email or fax**

Name of applicant:	
Organisation providing the educational activity:	
Name of activity:	
Duration: (excluding refreshment/meal breaks)	
Date(s):	

1. Briefly describe the type of activity and attach the program with your application if available. What were your learning objectives for this activity and to what extent were they met?

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2. What interactive activities did you participate in during the activity (case study presentation, facilitation of a discussion group, Q&A etc.)?

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Supporting the HIV, Viral Hepatitis and Sexual Health Workforce



3. In what way will the content of this activity meet your professional development needs and help you to improve outcomes for your patients living with HIV? Will you change your clinical practice as a result of this activity?

Please attach a certificate or any other confirmation (email etc) of your attendance

**Signature:**

**Date:**

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**Office Use Only**

HIV CPD Points to be awarded:

Clinical Advisor name:

Signed:

Date:

Please return this form to [HIVprescriber@ashm.org.au](mailto:HIVprescriber@ashm.org.au) or fax 02 8204 0782