

Please note the following points before filling in and returning the attached form:

1. This form is for registered veterinary nurses and pharmacy professionals only. Only those two categories are entitled to make a self-declaration in this way: please don't use the form if you don't qualify.
2. Please do not use the form for AMTRA-accredited CPD which will be added to your record automatically when AMTRA receives the information from the CPD provider, such as the Bayer/Drontal CPD website, or webinars run by SQP Webinars.
3. Please note that the form, which you must sign, includes the underlined statement "I enclose evidence of attendance for each event claimed". Please do not send AMTRA the form without that evidence. Also, please note that evidence of booking a CPD event (such as a receipt) is not evidence that you attended that event, or that you were present at a particular session.

Veterinary Nurse & Pharmacy Professionals CPD qualifying for AMTRA CPD points

Do not use this form unless you are a qualified veterinary nurse or a pharmacy professional

Name: _____

SQP Number: _____

I am a qualified veterinary nurse/pharmacy professional. I have attended the following veterinary nurse or pharmacy professional CPD events which I assert were supportive of my SQP role and thereby claim AMTRA CPD points. I enclose evidence of attendance for each event claimed.

Event Date	Name and location	Brief description of content relevant to SQP role	Duration in hours of content relevant to SQP role

I confirm that the above details are true and understand that a false declaration may be reviewed by the AMTRA Professional Standards Committee.

Signed: _____

Dated: _____