**Practice Peer Review**

Continuing Professional Development Program



|  |  |
| --- | --- |
| PARTICIPANT MEETING SCHEDULECPD Record**Note: once completed please forward to** **cpdhelp@ranzcp.org** | **Note:** This template has been designed to record the agreed timelines and meetings for Practice Peer Review  |

 **Facilitator:**

**Peer 1**

**Peer 2**

**Please note the dates and times of your planned meetings. Add additional lines, if necessary, by adding rows to the tables below.**

**PRACTICE DISCUSSION MEETING/s**

|  |  |  |
| --- | --- | --- |
|  | Date/Time |  |
|  | Date/Time |  |
|  | Date/Time |  |
|  | Date/Time |  |

**PRACTICE DEVELOPMENT DISCUSSION MEETING**

|  |  |  |
| --- | --- | --- |
|  | Date/Time |  |
|  | Date/Time |  |
|  | Date/Time |  |
|  | Date/Time |  |

**PRACTICE REFLECTION DISCUSSION MEETING**

|  |  |  |
| --- | --- | --- |
|  | Date/Time |  |

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