



APD Declaration – 2010

I have recorded [] hours of CPD for 2009.

I have submitted my APD documentation:

- [] Online; or
- [] Hard copy attached

or

I have been deferred but now wish to recommence the APD program [] (Please tick if applicable)

Please renew my name on the register of Accredited Practising Dietitians (APDs).

I undertake to practice in accordance with the *DAA Code of Professional Conduct* and the *DAA Statement of Ethical Practice*.

I understand that I am required to undertake and document a program of Continuing Professional Development in 2010.

I understand that I must participate in the APD Audit process when required.

Name:

DAA No.

Signature.....

Date

Important

Membership renewals will only be processed when all APD documentation and payment for membership fees have been received. If your renewal documentation is incomplete it will be returned to you.