HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL

ASSESSMENT SHEET FOR RENEWAL OF REGISTRATION

NAME			**NZHPSReg**	
Current Role				
Self-Care Plan *Includes supervision*	**Current Employment Verified**		**Referees Report/Endorsement**	
Standard	**Not Met**	**Partially Met**	**Met**	**Comments**
Professional Development;				
Meets PD hrs requirement *40hrs includes 5hrs annually* **Traditional PD hrs** Year one Year two Year three **Independent learning hrs** 50% limit Year one Year two Year three Total PD Hrs				
Recorded *a continuous and accurate record of their PD activity*				
Information Sufficient *to make assessment on relevance*				
Relevant *to role, experience and across HPS competencies*				
Verified *supporting evidence has been identified and verified by identified prof leader*				
Personal Statement of Intent *relevance to current/future role and experience*				
HPSRC Assessment Outcome **Date**				