NAO Health Promotion Registration System

Reregistration Application Form

Eligibility for re-registration is based on providing evidence of a minimum of 1.5 years of experience in Health Promotion practice and completion of a minimum of 75 hours of Continuing Professional Development (CPD) activities in the preceding three-year period.

Name:

Registration number(s) and year(s) indicated on your IUHPE Certificate(s) if applicable:

**Continuing experience in Health Promotion practice:**

Does the **majority** of your role focus on health promotion practice as described in your previous application, either with the same or a new employer?

|  |  |  |
| --- | --- | --- |
|   | ] No [ |   |

Yes [ ]

If no, please complete a short description of your new/different role with reference to the definition of Health Promotion practice (see section *Definitions* in the [IUHPE Health Promotion Accreditation System Handbook)](https://www.iuhpe.org/images/JC-Accreditation/System_handbook_Full_LinkA.pdf).

Have you changed employer since your previous application?

|  |  |  |
| --- | --- | --- |
|   | ] No [ |   |

Yes [ ]

If yes, please provide details of current employer **and** contact details of one current professional reference relevant to your new employment that can be contacted if required.

**Continuous Professional Development:**

Have you completed 75 hours of applicable CPD in the last 3 years with not more than 33% of hours in any one CPD category?

|  |  |  |
| --- | --- | --- |
|   | ] No [ |   |

Yes [ ]

Please indicate the number of hours you have done in the applicable CPD categories:

|  |  |
| --- | --- |
| **CPD Category** | **Number of Hours of CPD** |
| Education / training |  |
| Conference / workshop / formal meeting |  |
| Presenting / lecturing / training |  |
| Peer group reflection |  |
| Mentored practice |  |
| Undertaking research / evaluation |  |
| Publishing |  |
| Journal article peer review |  |
| Professional activities |  |
| **TOTAL** |  |

**Declaration:**

I hereby declare that all the above employment and CPD information is correct and accurate to the best of my knowledge.

Signed:

Date: