**Appendix One**

**RECERTIFICATION PLAN 20\_ \_ (one plan per year)**

**\*NB the plan covers the APC year 1st October-30th September**

Practitioner’s Name: **Must be included** Scope of Practice: Choose an item. Registration Number: **Must be included**

Supervisor’s Name: **Must be included** The date your plan was last sighted and discussed with your supervisor: **Must be included**

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| --- | --- | --- |
| **Self-reflection on clinical competence and standards of practice:** Identifying areas for growth, development and improvement. | **Development Plan:** Identify how you intend to develop and improve in the identified area. | **Review of progress:** Comment on and review your progress. (May be completed throughout the year with identified areas of improvements and discussion on progress.) |
| 1.  [Core Clinical Competencies](http://www.pbanz.org.nz/docs/For_Psychotherapists/Psychotherapist%20Core%20Clinical%20Competencies%20Final.doc)  Area or areas of competency you are focusing on and your rationale for this: |  |  |
| 2. [Standards of Cultural Competence](https://secure.pbanz.org.nz/docs/For_Psychotherapists/Psychotherapists%20Standards%20of%20Cultural%20Competence.doc)  Area or areas of competency you are focusing on and your rationale for this: |  |  |
| 3. [Standards of Ethical Conduct](https://secure.pbanz.org.nz/docs/For_Psychotherapists/Standards%20of%20Ethical%20ConductAug2013..pdf)  Area or areas of competency you are focusing on and your rationale for this: |  |  |