





Checklist for Revalidation

| Activity  | Date | Signature of confirmation |
|---|------|---------------------------|
| CPD log reviewed<br>35 hrs (20 hrs participatory)   |      |                           |
| Practice Hours<br>450 per registration  |      |                           |
| 5 Examples of reflection completed  |      |                           |
| 2 Reflective accounts discussed: <ul style="list-style-type: none"> <li>• Care</li> <li>• Compassion</li> <li>• Competence</li> <li>• Communication</li> <li>• Courage</li> <li>• Commitment</li> </ul> |      |                           |
| NMC Documentation completed as per guidance   |      |                           |

Summary of outcomes, recommendations and good practice noted:

|   |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| (Continue separate sheet if necessary.) |

|               |                  |      |
|---------------|------------------|------|
| Practitioner: | Name & Signature | Date |
|               |                  |      |
| Confirmer     | Name & Signature | Date |
|               |                  |      |