



Professional Development Audit Tool

Certificant Name: _____

Date: _____

Only complete columns A through E. Leave all other areas blank. You must provide copies of all verification documentation with your completed Audit.

(A) ID #	(B) Brief Description of Activity	(C) Dates Completed	(D) PDH Value	(E) Verification Documentation	Requirements Met (# of PDH)	Requirements Not Met	Request for Additional Info (RAI)	Reviewer Comments
Total PDH Submitted:				Total PDH Awarded:				

CSPHA = 15 PDH		CSPHC = 24 PDH		CSPHP = 36 PDH	
Reviewer:	Date:	Renewal Type: <input type="checkbox"/> CSPHA <input type="checkbox"/> CSPHC <input type="checkbox"/> CSPHP			
Result: <input type="checkbox"/> Renewal Approved <input type="checkbox"/> Renewal Denied		Additional Comments:			