Recertification Hours Tracking Sheet

CCDP Information
CCDP Name:
CCDP Contact Information:
Centre Name:
Location of Centre:
Description
Name of PD Session:
Person/Organization Delivering PD:
Length of PD Session:
Date Participated:
Delivery Method (i.e. Workshop, Webinar):
Applicable NS Core Competency Profile Codes:
Details of PD (short description and/or learning objectives): Please attach outline (if supplied)
Signature of facilitator or Executive Director (proof of attendance):
Date of Submission:
Signature of CCDP:

Please submit to:

Scan to email: ahalverson@NSCDA.ca
Fax: 902-832-2133

Mail to: 201-1600 Bedford HWY
Bedford, NS
B4A 1E8