



ASAR

Australian Sonographer
Accreditation Registry

Form 2-3

Self-directed learning Activity Statement

**DO NOT SUBMIT THIS FORM TO ASAR UNLESS YOU HAVE BEEN
SELECTED FOR AUDIT**

**THIS FORM IS FOR SONOGRAPHERS TO RECORD THEIR CPD ACTIVITIES
AND IS TO BE KEPT BY THE INDIVIDUAL SONOGRAPHER.**

**CPD activities must be entered directly into the individual sonographers
personal database by following the directions on the ASAR website.**

**Individuals experiencing difficulties when entering their CPD into their
personal database on the ASAR website should contact the
ASAR secretariat.**





ASAR

Australian Sonographer
Accreditation Registry

Australian Sonographer Accreditation Registry Limited

To be used for ASAR CPD Activity Categories: 3, 4, and 9

For personal record only- do not send this form to ASAR unless you have been randomly selected for Audit.
One activity per statement.

PERSONAL DETAILS

ASAR Member Number

Name

Address

Phone

Email

Date of Activity
(DD/MM/YY)

Duration
(Hours)

CPD Credits

Postcode

Description of Learning Activity

References (must be fully and correctly documented)



ASAR

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ASAR Member Number

Name

Summary of learning outcomes

(brief summary of activity and impact on your professional development):