

ASAR Clinical Supervisor Declaration

For CPD Category 6: Clinical Supervision

Purpose:

This form confirms your clinical supervision role. Complete and submit this form with relevant evidence at the conclusion of your triennium if you are claiming supervision CPD points

PART 1: Personal Details

Your personal details will be treated as private and confidential

Family Name:		Title:	
Given Names:		ASAR No:	
Address:			
Telephone:		Mobile:	
Email:			
Position/Role:			

PART 2: Clinical Supervision role (tick all that apply)

- Supervision of undergraduate sonography students
- Supervision of postgraduate sonography students
- Supervision of new graduate sonographers
- Supervision or mentoring of sonographers (Return to Clinical Practice, Overseas etc.)
- Clinical education / teaching activities outside routine clinical duties

PART 3: Supervision context

Practice setting(s)	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> University <input type="checkbox"/> Other
Nature of supervision	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> Mixed
Supervision period (current triennium) – From (DD/MM/YYYY)	
Part of a structured program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 4: Clinical supervisor education

Professional development or training activity related to supervision	PD or training provider	Date	Hours

PART 5: Registrant Declaration

- I declare that I am actively undertaking clinical supervision and/or clinical education activities relevant to my professional role.
 - I declare that CPD claimed under the Clinical Supervision and Education category is a true and accurate record and relates to documented activities.
 - I understand that this declaration and supporting evidence will be requested by ASAR as part of a CPD audit.
 - I acknowledge that the verifier may be contacted by a representative of the ASAR CPD committee for confirmation
- I have read and understood the CPD policy (please tick)

Signature	Date

PART 6: Workplace Verification

Verifier name	
Position	
Organisation	
Contact details	
Signature	Date