

# PDP Form

provided by the Dental Technologists Association

Name ..... Period. .... GDC No. ....

Date	My development needs identified (learning objectives)	Identified by whom or DTA as a professional organisation	Links to the new GDC standards	Reflection on the impact of my role or life once CPD achieved	Total hours
August 2013	TT CPD Prosthetics (material and equipment) 1 hour TT CPD Oral cancer early detection awareness raising 0.5 hours TT CPD Legal issues: What's your right to have sick pay? 1 hour  Other CPD that I planned and did in August 2013: – –	August TT CPD certificate Ref. 1 X hours verifiable	7.3.2 6.1.4 9.1.1	<i>Example simple reflection:</i> – Now aware of different technological techniques for prosthetics – Noted that oral cancer is increasing and how it can affect family! – Legal requirements and links to my employment knowledge	
September 2013					
October 2013					
November 2013					
December 2013					

Total number of hours submitted to the GDC: ..... verifiable & ..... non verifiable or general.

THE SMALL PRINT: i) It is the individual registrant's responsibility to complete the stated CPD to at least the pass level; and ii) The DTA may need to change the content of specific months' TT journals, so please be aware of the need to check edition contents; and iii) The DTA cannot be held responsible for your own declaration of CPD to the GDC or to others.

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