# Professional Development Audit Tool

**Certificant Name:** _____        **Date:** _____

<span style="color:red">Only complete columns B through E. Leave all other areas blank. You must provide copies of all verification documentation with your completed Audit.</span>

| (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 |
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|  | **Total PDH Submitted:** |  |  | **Total PDH Awarded:** |  |  |  |  |

| CSPHA = 15 PDH | CSPHC = 24 PDH | CSPHP = 36 PDH |
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| **Reviewer:** | **Date:** | **Renewal Type:** ☐ CSPHA    ☐ CSPHC    ☐ CSPHP |
|---|---|---|
| **Result:** ☐ Renewal Approved    ☐ Renewal Denied | | **Additional Comments:** |

Rev-01.2021