



Saskatchewan Society of Occupational Therapists

Continuing Competency Program 2012 Audit Reconciliation Form

Instructions for auditors:

1. Please consolidate the 2012 Audit Checklist that you completed using the 2012 Audit Reconciliation Form.
2. Arrive at a consensus on your findings and make recommendations to the Professional Practice Committee Chair.
3. If a consensus cannot be achieved, schedule a meeting with the Professional Practice Committee Chair.

2012 PDPO Review			
	Agreement between auditors		Comments
1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2011 Evidence Review			
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Results of Audit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Meets audit standards <input type="checkbox"/> Does not meet audit standards

Recommendation(s)

- Member's submission meets audit standards and no further follow up is required.
- Mentorship Program to:
 - Help identify the selected member's strengths, performance, and challenges as they relate to the development of his or her PDP.
 - Assist in planning strategies to bridge gaps in the learning process.
 - Support, guide and encourage the selected member's development of their PDP.
 - Act as a facilitator or mentor while the selected member takes the actions necessary to achieve his/her goals.

Specific recommendations for the selected member to improve his or her practice:

Other:

Auditor 1 Signature: _____
 Printed Name: _____
 SSOT Registration Number: _____
 Date: _____

Auditor 2 Signature: _____
 Printed Name: _____
 SSOT Registration Number: _____
 Date: _____