



# Saskatchewan Society of Occupational Therapists

## Continuing Competency Program 2015 Audit Reconciliation Form

Instructions for auditors:

1. Please consolidate the 2015 Audit Checklist that you completed using the 2015 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.

<b>Number of SSOT member being audited:</b>			
<b>2014 Evidence Review</b>			
	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	
<b>2015 PDPO Review</b>			
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	
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Results of Audit</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Meets audit standards <input type="checkbox"/> Does not meet audit standards



# Saskatchewan Society of Occupational Therapists

## 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:

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- Other:

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Auditor 1 Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SSOT Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_

Auditor 2 Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SSOT Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_