

## CCIP™ Continued Professional Development - Activity Log

Canadian Certified Inclusion Professionals (CCIPs) are required to maintain the certification through professional development activities and continued education activities. Certification maintenance activities allow certified CCIPs to:

- Enhance and strengthen essential skills and knowledge in the D&I field;
- Acquire new knowledge and skills in the D&I field;
- Stay current with respect to new issues and trends in the D&I field.

CCIPs are required to obtain **20 hours** of Continued Professional Development (CPD) each year, after the first year of certification. See the Certification Handbook for more details. This Activity Log is to assist you in submitting a record of your ongoing professional development and continuing education activities.

### What to consider as you plan which activities to include in the CPD log

CCIPs are required to include at least **two different activities** in the CPD log. An activity is eligible to be included in the CPD Activity Log and be used towards the 20 CPD hours if it belongs to one of the following categories.

- Formal education (i.e. university or college degree or certificate programs);
- Self-directed learning (e.g. readings, online courses, webinars, conferences etc.);
- Community engagement (e.g. mentoring; coaching; organizing or promoting community-based initiatives; outreach to community or advocacy organizations);
- Teaching/thought leadership (e.g. teaching or developing new programs; being a keynote or presenter at a conference; developing an innovative theory, methodology, approach, tool etc.);
- Special work projects/initiatives (e.g. initiatives that require the Certified Professional to develop new skills/knowledge);
- Research/publication.

The two activities must align with at least **two different Areas of the Competency Framework**.

- Area 1: Make the Case for Diversity and Inclusion
- Area 2: Build a D&I Strategy
- Area 3: Implement a D&I Strategy
- Area 4: Stakeholders Engagement
- Area 5: Workforce Planning
- Area 6: HR Practices
- Area 7: Training and Development
- Area 8: Measurement and Organizational Success
- Area 9: Legislation and Compliance
- Area 10: D&I Organization Structures and Support
- Area 11: D&I Subject Matter Expertise
- Area 12: Cultural Competence

*Note:* Activities that are part of your day-to-day job routine/operations are not eligible as professional development activities. Only activities that constitute developmental opportunities and enable the acquisition of new skills/knowledge can be considered eligible.



## SECTION 1: Personal Information

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**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Current Job Title (if applicable):**

**Current Organization (if applicable):**

## SECTION 2: CPD Activities

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**Date when you originally became certified (MM/YYYY):**

**Calendar year for which you are submitting an activity log (YYYY):**

*Use the tables below to list as many as ten activities*

## SECTION 3: Signature

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*By digitally signing this document, I declare that all the information I have provided in this Activity Log is true and accurate to the best of my knowledge. I fully understand that any misrepresentation or incorrect information provided in the Activity Log might result in discipline, including suspension or revocation of my CCIP™ certification.*

**Digital signature (simply type your name)**

**Date:**



## ACTIVITY 1

**Title of activity:**

**Type of activity:**

Formal education

Teaching/ thought leadership

Self directed learning

Special work project/ initiative

Community engagement

Research/ publication

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

- Link to webpage or online learning materials (where available)
- Learning objectives (where applicable)
- Name of facilitator or presenter (where applicable)
- What was learned or accomplished
- How did the activity support your development in at least one area of the Competency Framework

Please indicate which Areas of the Competency Framework you have enhanced or strengthened thanks to this activity:

Area 1: Make the Case for Diversity and Inclusion

Area 7: Training and Development

Area 2: Build a D&I Strategy

Area 8: Measurement and Organizational Success

Area 3: Implement a D&I Strategy

Area 9: Legislation and Compliance

Area 4: Stakeholders Engagement

Area 10: D&I Organizational Structures and Support

Area 5: Workforce Planning

Area 11: D&I Subject Matter Expertise

Area 6: HR Practices

Area 12: Cultural Competence



## ACTIVITY 2

**Title of activity:**

**Type of activity:**

Formal education

Teaching/ thought leadership

Self directed learning

Special work project/ initiative

Community engagement

Research/ publication

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

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Area 8: Measurement and Organizational Success

Area 3: Implement a D&I Strategy

Area 9: Legislation and Compliance

Area 4: Stakeholders Engagement

Area 10: D&I Organizational Structures and Support

Area 5: Workforce Planning

Area 11: D&I Subject Matter Expertise

Area 6: HR Practices

Area 12: Cultural Competence



## ACTIVITY 3

**Title of activity:**

**Type of activity:**

- |   |   |
|---|---|
| <input type="checkbox"/> Formal education       | <input type="checkbox"/> Teaching/ thought leadership     |
| <input type="checkbox"/> Self directed learning | <input type="checkbox"/> Special work project/ initiative |
| <input type="checkbox"/> Community engagement   | <input type="checkbox"/> Research/ publication            |

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

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Please indicate which Areas of the Competency Framework you have enhanced or strengthened thanks to this activity:

- |  |   |
|--|---|
| <input type="checkbox"/> Area 1: Make the Case for Diversity and Inclusion | <input type="checkbox"/> Area 7: Training and Development                   |
| <input type="checkbox"/> Area 2: Build a D&I Strategy                      | <input type="checkbox"/> Area 8: Measurement and Organizational Success     |
| <input type="checkbox"/> Area 3: Implement a D&I Strategy                  | <input type="checkbox"/> Area 9: Legislation and Compliance                 |
| <input type="checkbox"/> Area 4: Stakeholders Engagement                   | <input type="checkbox"/> Area 10: D&I Organizational Structures and Support |
| <input type="checkbox"/> Area 5: Workforce Planning                        | <input type="checkbox"/> Area 11: D&I Subject Matter Expertise              |
| <input type="checkbox"/> Area 6: HR Practices                              | <input type="checkbox"/> Area 12: Cultural Competence                       |



## ACTIVITY 4

**Title of activity:**

**Type of activity:**

Formal education

Teaching/ thought leadership

Self directed learning

Special work project/ initiative

Community engagement

Research/ publication

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

- Link to webpage or online learning materials (where available)
- Learning objectives (where applicable)
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Area 9: Legislation and Compliance

Area 4: Stakeholders Engagement

Area 10: D&I Organizational Structures and Support

Area 5: Workforce Planning

Area 11: D&I Subject Matter Expertise

Area 6: HR Practices

Area 12: Cultural Competence



## ACTIVITY 5

**Title of activity:**

**Type of activity:**

- |   |   |
|---|---|
| <input type="checkbox"/> Formal education       | <input type="checkbox"/> Teaching/ thought leadership     |
| <input type="checkbox"/> Self directed learning | <input type="checkbox"/> Special work project/ initiative |
| <input type="checkbox"/> Community engagement   | <input type="checkbox"/> Research/ publication            |

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

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|--|---|
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| <input type="checkbox"/> Area 3: Implement a D&I Strategy                  | <input type="checkbox"/> Area 9: Legislation and Compliance                 |
| <input type="checkbox"/> Area 4: Stakeholders Engagement                   | <input type="checkbox"/> Area 10: D&I Organizational Structures and Support |
| <input type="checkbox"/> Area 5: Workforce Planning                        | <input type="checkbox"/> Area 11: D&I Subject Matter Expertise              |
| <input type="checkbox"/> Area 6: HR Practices                              | <input type="checkbox"/> Area 12: Cultural Competence                       |



## ACTIVITY 6

**Title of activity:**

**Type of activity:**

Formal education

Teaching/ thought leadership

Self directed learning

Special work project/ initiative

Community engagement

Research/ publication

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

- Link to webpage or online learning materials (where available)
- Learning objectives (where applicable)
- Name of facilitator or presenter (where applicable)
- What was learned or accomplished
- How did the activity support your development in at least one area of the Competency Framework

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Area 3: Implement a D&I Strategy

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Area 4: Stakeholders Engagement

Area 10: D&I Organizational Structures and Support

Area 5: Workforce Planning

Area 11: D&I Subject Matter Expertise

Area 6: HR Practices

Area 12: Cultural Competence





## ACTIVITY 7

**Title of activity:**

**Type of activity:**

Formal education

Teaching/ thought leadership

Self directed learning

Special work project/ initiative

Community engagement

Research/ publication

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

- Link to webpage or online learning materials (where available)
- Learning objectives (where applicable)
- Name of facilitator or presenter (where applicable)
- What was learned or accomplished
- How did the activity support your development in at least one area of the Competency Framework

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Area 3: Implement a D&I Strategy

Area 9: Legislation and Compliance

Area 4: Stakeholders Engagement

Area 10: D&I Organizational Structures and Support

Area 5: Workforce Planning

Area 11: D&I Subject Matter Expertise

Area 6: HR Practices

Area 12: Cultural Competence



## ACTIVITY 8

**Title of activity:**

**Type of activity:**

Formal education

Teaching/ thought leadership

Self directed learning

Special work project/ initiative

Community engagement

Research/ publication

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

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Area 5: Workforce Planning

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Area 6: HR Practices

Area 12: Cultural Competence



## ACTIVITY 9

**Title of activity:**

**Type of activity:**

Formal education

Teaching/ thought leadership

Self directed learning

Special work project/ initiative

Community engagement

Research/ publication

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

**Number of CPD hours claimed for the activity:**

**Description of activity (max 300 words):**

Please include the following information, where applicable:

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- Learning objectives (where applicable)
- Name of facilitator or presenter (where applicable)
- What was learned or accomplished
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Area 5: Workforce Planning

Area 11: D&I Subject Matter Expertise

Area 6: HR Practices

Area 12: Cultural Competence



## ACTIVITY 10

**Title of activity:**

**Type of activity:**

- |   |   |
|---|---|
| <input type="checkbox"/> Formal education       | <input type="checkbox"/> Teaching/ thought leadership     |
| <input type="checkbox"/> Self directed learning | <input type="checkbox"/> Special work project/ initiative |
| <input type="checkbox"/> Community engagement   | <input type="checkbox"/> Research/ publication            |

**Date of completion (YYYY-MM-DD):**

**Overall duration of the activity (hours):**

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