

Suitably Qualified Persons (SQP) Temporary Suspension of Continuing Professional Development (CPD) Request Form

This form is intended for SQPs wishing to apply for temporary suspension for the completion of their annual SQP CPD requirement. Please see VetSkill's *SQP Registration Guide* for further information.

1. SQP Details

SQP registration number	
Preferred title	
First name	
Surname	
Email address	
Contact phone number	
Employer Name	

2. SQP Category and Permissible Medicines

Please tick one (1) box to confirm which category of SQP is currently held.

Category	Unit selected to study and achieved	Please Tick
R-SQP	Companion, Equine & Farm	<input type="checkbox"/>
C-SQP	Companion animals only	<input type="checkbox"/>
J-SQP	Equines only	<input type="checkbox"/>
L-SQP	Farm animals only	<input type="checkbox"/>
A-SQP	Avian only	<input type="checkbox"/>
E-SQP	Companion & Equine	<input type="checkbox"/>
K-SQP	Companion & Farm	<input type="checkbox"/>

CA-SQP	Companion & Avian	<input type="checkbox"/>
G-SQP	Equine & Farm	<input type="checkbox"/>
JA-SQP	Equine & Avian	<input type="checkbox"/>
AL-SQP	Avian & Farm	<input type="checkbox"/>
EA-SQP	Companion, Equine & Avian	<input type="checkbox"/>
CAL-SQP	Companion, Avian & Farm	<input type="checkbox"/>
S-SQP	Avian, Equine & Farm	<input type="checkbox"/>
XA-SQP	Companion, Equine, Avian & Farm	<input type="checkbox"/>

3. CPD Details

		Year	Number of Hours CPD completed
Please confirm the number of CPD hours completed during each year for the last 3 years			
Please provide a reason for requesting temporary CPD suspension			
Requested dates of suspension	From		
	To		
Do you wish to be removed from the SQP Register during this period?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence provided to support application (e.g. maternity/paternity certificate)			

4. Declaration

I hereby apply for temporary suspension of the completion of SQP CPD, and I declare that:

- a) To the best of my knowledge the details on this form are correct
- b) I have provided my up to date personal contact details
- c) I have provided details of my current employer
- d) I understand that it is my professional responsibility as an SQP to notify VetSkill of any change to my personal or employer details including: name, address, or contact information
- e) If I request removal from the SQP Register I understand that, dependant on the duration of my absence, there will be additional fees and requirements that will need to be met prior to being considered for re-registration
- f) If my CPD suspension request is not accepted and I am unable to fulfil my SQP CPD requirements, I understand I will be required to undertake and pass the re-accreditation examination and pay the re-instatement fee, in addition to the annual registration fee, prior to re-joining the SQP Register
- g) I am required to pay the annual registration fee no later than 31st December of this year in order to remain on the SQP Register for the following year
- h) I am not aware of any reason for the institution of proceedings which may lead to the removal of my name from the Register under the Code of Practice for Suitably Qualified Persons
- i) I understand that VetSkill may share my CPD information with my Employer or other regulatory bodies

I confirm that I have read and understood all of the conditions outlined above.

Signed	
Print name	
Date	

Controlled by:	Created/Updated:	Version:
Standards	October 2023	v1.4

Please email the completed form to: sgp@vetskill.com

Or send the completed form to:

VetSkill Ltd
10 Ramsay Court
Hinchingsbrooke Business Park
Huntingdon
PE29 6FY

Registered number 03127119

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