AMTRA form A10 updated Nov 2022



AMTRA CPD Points Reductions

Unless AMTRA has requested otherwise, do not apply until after your return to work, as plans and circumstances can change. If your absence is ongoing but you've already been away for more than 6 months at the end of a CPD period, please contact AMTRA to discuss your situation.

The AMTRA Council has agreed that those absent from their RAMA (SQP) role for extended periods may be exempted from part or all of their normal CPD points obligation. In particular, if you have been absent due to maternity leave or long-term sick leave:

- for 6 to 18 months in a two-year CPD Period then CPD points obligation is halved
- for more than 18 months in a two-year CPD Period then CPD points obligation is waived

To more than 10 months in a two-year of b 1 chod then of b points obligation is waived.	
If you have returned to work and you know that this applies to you, we'd like to know now.	
☐ I have been absent for between 6 and 18 months during the relevant CPD period on maleave or long-term sick leave. Please halve my CPD points obligation	ternity
I have been absent for more than 18 months during the relevant CPD period on maternity or long-term sick leave. Please waive my CPD points obligation	leave
This declaration relates to: CPD period 7 (July 2021 to June 2023)	
You may be required to provide suitable medical evidence to support your claim. A false declaration medical evidence by the AMTRA Professional Standards Committee and could result in disciplinary action.	ay be
If you believe that other exceptional circumstances not considered by the AMTRA Council apply to you consider should result in your points target being reduced or waived, please detail them below Council considers that those living in remoter parts of the UK and those working for small businesses a exempt for those reasons alone.	ı. The
When informing us of your absence from work please give specific dates of leaving and return	ing to
work * Please write briefly and clearly.	
*Name:	
*Signed:	

*Important: MUST be completed

*AMTRA Num:

*Dated: _____