hcpc health & care professions council	**Adaptation Period: Certificate of Completion**

Notes

This form must be used to inform the Health and Care Professions Council (HCPC) of the outcome of the adaptation period which an applicant has undertaken in support of their application for admission to the HCPC Register based upon mutual recognition rights under Directive 2005/36/EC.

That adaption period will have been set out in a letter from the HCPC requiring the applicant to undertake compensation measures and the location and supervisor of the adaptation period must have been approved by HCPC's Education and Training Committee.

An adaptation period must be completed within three years of the date on which it was prescribed, unless the HCPC has agreed otherwise.

This form is in three parts, all of which must be completed. Please send the completed form to:

> [Addressee]
> Registration Department
> Health and Care Professions Council
> Park House
> 184 Kennington Park Road
> London SE11 4BU.

PART A: THE APPLICANT

Name:	
Address:	
HCPC reference (AA) No.:	AA
Relevant HCPC profession:	

PART B: THE ADAPTATION PERIOD

Place at which the adaption period was undertaken:	
Date of commencement:	
Date of completion:	
Applicant's job title or role description whilst undergoing adaptation:	

Which elements of the adaptation period were undertaken by the applicant? Please list all of the elements of the adaptation period completed and the relevant standards of proficiency, from the Adaptation Period table in the Record of Assessment.

Activity (including duration, etc.)	Completed satisfactorily?
	YES/NO
	YES/NO
	YES/NO
	YES/NO

Additional comments (if any):

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
│                                                             │
└─────────────────────────────────────────────────────────────┘
```

PART C: SUPERVISOR'S CERTIFICATION

I certify that I am the person who supervised the applicant during the adaptation period set out in Part B and that it was completed as set out in that Part.

I am satisfied/not satisfied [chose one] that the applicant, having undertaken that adaptation period, now meets the relevant standards of proficiency.

Signature: _____ Date: _____

Name:	
Position:	
HCPC Registration No.:	
Work address:	
Telephone No.:	