**Independent Verification Declaration for OPCP-L5**

This form is to be completed by the tutor. Please email all documentation to [verification@cpcab.co.uk](mailto:verification@cpcab.co.uk)

Please provide the following documentation to support the assessment of this candidate group. **Failure to provide ALL this information will delay the Independent Verification and certification of the group.** Please use this table as a checklist to ensure that you have provided all the relevant documents for Independent Verification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Centre name: | | | Centre number: | |
| Tutor name and e-mail address: | | |  | |
| CPCAB group number: |  | | | |
| Number of Practice Reviews submitted for Independent Verification: | | | | |
| Internal Quality Assurance | | | | |
| Name of Internal Moderator: | |  | | |
| How many Practice Reviews have been Internally Moderated from this group? | |  | | |
| Name of Internal Verifier: | |  | | |
| Has Internal Verification taken place for this cohort? | | Yes/No | | |
| Have the Internal Assessment results been uploaded to the CPCAB portal? [portal.cpcab.co.uk](http://portal.cpcab.co.uk) | | Yes/No | | |
| Please ensure you include the following with the candidate portfolios: **Please mark** | | | | |
| Sample of candidate Practice Reviews [[1]](#footnote-2) | | | |  |
| Signed candidate Practice Review cover sheets | | | |  |
| Independent Verification Declaration | | | |  |
| All candidate evaluations of the course | | | |  |
| Internal Moderators’ report | | | |  |

Signed (on behalf of the centre): Position:

Name (please print): Date:

1. The sample should consist of 30% or four practice reviews, whichever is the greater number. If a group falls below the minimum number of 6 candidates, then all portfolios will need to be emailed to CPCAB for Independent Verification - Please supply a range of abilities. [↑](#footnote-ref-2)