



Handbook Of Ethical Practice

Defining

CODE OF ETHICS
STANDARDS OF PRACTICE
&
BY-LAWS
Of PHA INCORPORATED

Professional Hypnotherapists of Australia Inc.

Amended and Issued 13th November 2016

Handbook of Ethical Practice PHA INCORPORATED

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PART 1 – CODE OF ETHICS

1. INTRODUCTION

1.1 The aims and duties of the Committee are:

- (1) To establish a standard of ethics to be adhered to by all Members of the Association.
- (2) To recommend to members registered with the Association, standards of practice, administration, advertising, personal and clinical conduct and presentation, attitudes towards fellow Members of the Association and other professionals.
- (3) To establish systems for referring clients to other Members of the Association or to other professionals.
- (4) To safeguard the welfare of clients of Members of the Association.
- (5) To support the rights of Members to practice in an ethical manner.
- (6) To support and promote the science and professional practice of Hypnotherapy.
- (7) To provide opportunities to members for professional training and advancement.

1.2 A report is to be completed when the Committee carry out an investigation regarding a Member.

1.3 Members of the Committee will direct themselves to the care of the distressed or sick, to the spiritual welfare of the individual and the community, the cause of justice and service to the community, before personal gain or profit.

1.4 Between fellow Members, oral undertakings are accepted without writing.

1.5 All Members are expected to assist the younger or less experienced by every means in their power.

1.6 Members do not act for, or attend the clients of other Members without good cause.

1.7 Any infringement of this code could result in the removal of privileges or the expulsion of the Member concerned, after due consideration of the findings of the Committee.

2. INTEGRITY OF PRACTICE

2.1 A Member must act, at all times and under all circumstances, in conformity with the law and of community and cultural standards. In the management of cases, decisions must always be in favour of that which is best for the client's wellbeing.

3. DEFINITION OF HYPNOTHERAPY PRACTICE

3.1 The discipline concerned with the assessment, treatment and management of spiritual, emotional, psychological and physical wellbeing, from a holistic approach, based on the aims and ideals of PHA Incorporated.

4. DUTY TO THE ASSOCIATION

4.1 A Member is to regard it as their duty:

- (1) To support the aims and ideals of PHA Incorporated in a professional manner.
- (2) To support the Association in its activities for the maintenance and betterment of PHA Incorporated, its Members and the profession.

4.2 To maintain the highest personal character in both public and professional life.

4.3 To endeavour to keep in touch with every modern development of the profession, and to increase knowledge and efficiency by the adoption of modern methods and to contribute and share general knowledge and advancement of the Association.

4.4 A Member shall never treat a client whilst their ability, skills or judgement to do so is in the opinion of the Committee impaired by the consumption of alcohol or drugs

4.5 To be conscientious in enlightening clients regarding the maintenance of their own wellbeing.

4.6 To acknowledge that the quality of professional performance is a direct measure of the standing of PHA Incorporated in the community.

4.7 A Member shall never indecently expose a client or himself/herself in any way but shall always conduct himself/herself in an orderly and proper manner.

4.8 A Member shall never take part in any illegal, immoral or improper relations with any client.

5. DUTY TO THE CLIENT

5.1 A Member shall not neglect or abandon a client accepted in the course of practice, nor shall that client be discharged before recovery without due notice to the client, relatives or persons responsible for the client's welfare, or until another practitioner has assumed full responsibility.

5.2 A Member shall not continue to treat a client when it has become or should have become apparent that the client is not responding to therapy, without requesting authority from the client to consult another Member to confirm diagnosis and method of therapy.

5.3 No exaggeration of the client's condition is to be made.

5.4 It is to be the aim of every Member to establish and maintain high ideals of professional honour and responsibility and endeavour in every ethical way to render satisfaction to the client.

5.5 No specific guarantee regarding results to be obtained by therapy is to be given, but an assurance of the benefits is permissible where some can confidently be expected.

5.6 Members are not to administer therapy methods which have been proscribed by PHA.

- 5.7 A Member shall never divulge, except with the consent of the client, or when required by law, or where failure to do so might constitute a menace or danger to the client's wellbeing or to other persons or the community, confidence of that client, facts concerning clinical history, domestic life and/or observation of character, disposition of mind or body brought to light during the treatment of that client.
- 5.8 A Member is to refuse to treat a client who is under the influence of alcohol or drugs which in the opinion of the Member affects their mental or physical stability or in any way their ability to communicate.
- 5.9 A Member shall maintain a client's confidentiality.
- 5.10 Practising Members at levels Standard, Clinical and Professional shall have a current Senior/Applied First Aid Certificate and Insurance.

6. DUTIES OF MEMBERS TO EACH OTHER AND TO OTHER PROFESSIONS

- 6.1 A Member is to refrain from adverse criticism of a fellow Member or a member of another health or related profession, except as required by law or the in course of issues of investigation.
- 6.2 Where results of therapy are unsatisfactory, a consultation is to be arranged for the client, where possible, with another Member or other professional(s) if the client agrees.
- 6.3 Loss due to theft or other means of membership certificate must be reported to the Committee.
- 6.4 When a Member refers a client to a colleague, it is suggested relevant client information be forwarded in accordance with 1.1 (3). It is not necessary to forward original or photocopies of clinical records, provided that accurate details in general terms, together with any assisting comments, are communicated to the recipient practitioner concerned.
- 6.5 In cases where care other than clinical hypnotherapy is deemed necessary or advisable, the client is to be advised accordingly.
- 6.6 The use of PHA logo is to be in accordance with section 10.
- 6.7 Under no circumstances may a Member betray the integrity of the profession by:
- (1) Teaching another individual privately, or
 - (2) By encouraging another profession to practice the art and sciences of PHA Incorporated.
- 6.8 When aligning themselves in practice with other Members, the Member must insist that the other Members maintain the standards expressed in this Code of Ethics.

7. SEMINARS, WORKSHOPS, TEACHING, TALKS AND INTERVIEWS

- 7.1 The following standard of ethics refer explicitly to personal presentations, teaching or comment, given by Members, either directly to a group or audience, or via electronic or print media, and not falling under the definition of Publicity, Advertising or Literature, as dealt with in paragraph 8, below.
- 7.2 When speaking publicly in a professional capacity as a Hypnotherapist, a Member will always uphold and support the ideals, intentions and integrity of PHA Incorporated.

- 7.3 When teaching in a professional capacity as a Hypnotherapist, a Member will only teach and promote information, techniques and methodologies that are in accord with ethics, ideals, intentions and integrity of the PHA Incorporated.
- 7.4 If interviewed by the media, in a professional capacity as a member of PHA, a Member must first seek approval of the Committee to take part in that interview wherever possible.
- 7.5 If interviewed by the media, in a professional capacity as a Hypnotherapist, a Member must:
- (1) Uphold the ethics, ideals, intentions and integrity of PHA Incorporated.
 - (2) Remain aware of the requirements of paragraph 6.1 of this Code of Ethics.
 - (3) Not be a part to an interview or programme that is or may denigrate to the profession of Hypnotherapy or PHA Incorporated, either by design, intent or predictable outcome.

8. GUIDELINES FOR PAST LIFE REGRESSION

- 8.1 The Practitioner will NOT presume that the presenting issue arose from a Past Life Experience.
- 8.2 The Practitioner's own opinion/prejudice/belief system, MUST NOT be allowed to interfere with the process.
- 8.3 The Practitioner will diligently refrain from any suggestions designed to lead the client into a Past Life Experience, except where this has been established during a previous consultation and also except according to paragraph 8.4 below.
- 8.4 Where a client specifically requests Past Life Regression, the following requirements must be observed:
- (1) A Case History is taken and documented.
 - (2) The use of normal diagnostic tools is implemented to determine any Contra-Indications to Hypnosis and the appropriateness of this process for this client.
 - (3) Normal Contra-Indications for Hypnosis apply to Past Life Regression procedures.

9. GUIDELINES FOR FORENSIC HYPNOSIS

- 9.1 During Forensic Hypnosis, it is normally required that the Practitioner refrain from administering any Therapeutic Procedures to the subject.
- 9.2 Where the Forensic Hypnosis requires regression, the Practitioner must not implant any confabulation.
- 9.3 If during Forensic Hypnosis, any situation should arise which might compromise the subject's emotional or psychological wellbeing, the Practitioner is bound to act on behalf of the subject according to the Code of Ethics of PHA Incorporated.
- 9.4 The use of normal diagnostic tools is implemented to determine any contra-indications to hypnosis and the appropriateness of this process for this subject.
- 9.5 Normal contra-indications for hypnosis apply to Forensic Hypnosis procedures.

10. GUIDELINES FOR PUBLICITY, ADVERTISING AND LITERATURE

10.1 The following standards of ethics refer explicitly to publicity, advertising and literature for Members of PHA Inc. These guidelines for advertising of hypnosis/hypnotherapy have been developed by the PHA Inc Committee in accordance with Section 39 of the Health Practitioner Regulation National Law 2009. In particular, Section 133 of the National Law:

States that a practitioner must not advertise a health service, or business that provides a health service, in a way that –

Is false, misleading or deceptive or is likely to be misleading or offers a gift, discount, or other inducement to attract a person to use the service or the business, unless the advertisement also sets out the terms and conditions of the offer; or offers a guarantee of a specific outcome; or creates an unreasonable expectation of beneficial treatment; or directly or indirectly encourages the indiscriminate or unnecessary use of health services.

10.2 PHA Inc encourages the member to be fully informed on all legislation and government bodies pertaining to their professional business; such as state and federal laws of Fair Trading and the Australian Competition and Consumer Commission (ACCC).

PHA Inc will not be held responsible for the member's lack of knowledge or not abiding by these legislative acts.

A Member is responsible for the style and contents of all advertising material associated to their professional business and their services.

A Member cannot delegate accountability for ensuring the accuracy of advertising and compliance with these guidelines to another person or agency.

10.3 Members obligations:

- (1) Advertising is to be truthful and must be in accord with the ethics and spirit of the Association.
- (2) Misleading statements or exaggerations must not be used to attract clients.
- (3) Advertising is not to compare one Member with another Member and is not to compare one technique with another technique or qualification of one to the other.
- (4) A Member shall be conscientious in enlightening the public regarding the benefits of therapies approved by the Association, remembering that quality of service shall be a measure of the standing of the profession as a whole.
- (5) A Member should always consider their professional ethical obligations and their legal obligations when advertising services.
- (6) A member needs to be aware that a client of hypnosis and hypnotherapy services may not be aware or in the position to judge the merits of advertised services and products, and that they are more likely to hold a hypnotist or hypnotherapist as a health provider, in some esteem making them more vulnerable to believing the advertising claims. A member should not advertise in a manner that could be considered as attempting to profit from or take advantage of limited client understanding of any professional service.
- (7) A member is obligated to advertise their membership level with their association membership ie. Members name, Member of PHA Inc

(Membership Level), PHA Logo – with no added additions within or around the PHA Inc emblem will be permitted); if the Member wishes they can list their PHA Inc membership number.

- (8) Members are encouraged to place advertisements in the professional sections specific to the advertising membership they wish to use.
- (9) A member is to advertise their name, address, qualifications, contact details (telephone numbers, email address, website address), PHA Inc Membership and their Membership Level and is entitled to use the PHA Inc logo (no additions within or around the PHA Logo/emblem will be permitted).
- (10) A Member must state clearly their professional qualifications. A member who does not hold specialist qualifications recognised by the association or the government, or an endorsement recognised by another recognised association must not claim or hold himself or herself out to be a specialist, either explicitly or by implication, or attempt to convey that perception to the public.
- (11) A Member must be able to substantiate any claims made in advertising material, particularly in relation to outcomes of treatment, whether implied or explicitly stated.

10.4 Business Directories, Signs, Radio, Television, Cinema and Internet:

- (1) All such advertising via these media is to be in accordance with the ethics and spirit of the Association. All advertising must conform to Local, State and Federal Law.

10.5 What is acceptable advertising for a PHA Inc Member: (This section is intended to provide examples of the type of advertising of service that a PHA Inc Member considers to be acceptable. These examples are not intended to be exhaustive).

- (1) A clear and factual statement of the services and/or products offered.
- (2) Contact details of the practitioner business location including contact numbers, email address and website addresses if appropriate.
- (3) Clear information on office hours and availability of after hour's appointments.
- (4) Accurate photos or drawings of the practitioner and/or their workplace.
- (5) Information on availability of disabilities access ie. wheelchair access.
- (6) Accurate information if another language apart from English is available to the client.
- (7) Accurate information on fees and charges including Health Funds/Insurance Rebates.
- (8) Accurate information of the member's qualifications and the training programs from which the member has received recognition and qualifications from.
- (9) Accurate terminology and to be balanced and use terminology that is understood readily by the public/client to whom it is directed.

10.6 What is considered unacceptable advertising for a PHA Inc Member: (This section is intended to provide examples of the type of advertising of service that a PHA Inc Member considers to be not acceptable. These examples are not intended to be exhaustive).

- (1) To create false or unsubstantiated claims or unrealistic expectations about the Members services advertised.
- (2) To criticise the services or products offered by another practitioner or modality.

11. MALPRACTICE

11.1 In the event of a claim or charge or suggestion of a claim or charge being made against a Member of the Association for malpractice, it shall be the duty of the Member concerned to submit immediately to the Committee a full and detailed written report of the case. Immediately after consideration by the Committee the Member shall be advised on what action the Committee considers should be taken (if any).

11.2 If the Member concerned shall accept and follow the advice given by the Committee then the Association shall give such assistance as it may determine.

11.3 Professional indemnity insurance is compulsory for all Clinical Members and it is recommended that all practicing members also obtain such insurance.

12. UNETHICAL CONDUCT

12.1 Before any investigation by the Committee into a complaint of unethical conduct by a Member against another Member of the Association, evidence of such complaint shall be submitted to the Committee.

12.2 Where a complaint made to the Committee, of unethical conduct by a member, is alleged by another professional, not being a Member, or by a client or a member of the public, the Committee shall request that evidence of such complaint be submitted to the Committee by Statutory Declaration.

12.3 Upon receipt of a Statutory Declaration evidencing alleged unethical conduct by a Member, the Association shall conscientiously investigate the complaint.

12.4 Where a client or a member of the public alleges unethical conduct by a Member, but does not evidence the complaint by Statutory Declaration, despite the Committee having requested this according to Article 10.2 above, the Committee may investigate the matter at their discretion.

12.5 No Member may employ a locum tenens unless the locum tenens is a fully qualified Member. In the case of incapacity or emergency, a member may notify the Committee. The Committee will endeavour to assist the Member.

12.6 The payment of a commission to any person in consideration of the introduction of new client is forbidden absolutely.

PART 2 – MINIMUM STANDARDS OF PRACTICE

13. INTRODUCTION

13.1 The need for an established routine of practice, suitable to the Association becomes necessary when it is considered that the Association has among its members graduates from different schools and of varying years of experience in the field. In setting out minimum routine procedures, due consideration has been given to technical advancement taking place in the profession. It has also been taken into consideration that, in the event of legal proceedings against a Member, office records become of prime importance as evidence and some suggestions have been made with this in view.

14. OFFICE PROCEDURE

14.1 All Members are to conform to a minimum standard in recording new cases and recording progress of the client, while the client is under a Member's care. It is suggested that case history and progress records are to be kept separate from financial records.

15. CASE HISTORY

15.1 A case history should in all cases include the following where relevant:

- (1) A client code reference. Name, address, occupation, date of birth and telephone numbers (business and after hours) should be kept in a separate location.
- (2) Presenting symptoms and duration of same.
- (3) Previous treatment and/or therapy.
- (4) Past illnesses, operations and/or accidents.
- (5) Abnormalities noted.
- (6) Medical diagnosis.

16. PROGRESS REPORTS

16.1 It is recommended that in addition to complete case history records, progress notations be made in the following instances:

- (1) Date of each consultation to be recorded.
- (2) When a client reports changes to symptoms.
- (3) Therapy and any advice given to client or relatives.
- (4) Results and any remarks to client or by client, to be recorded on each visit, and on conclusion of therapy.

17. RECORDS

17.1 All records are to be securely filed for a period of not less than seven (7) years following the last consultation with the client.

18. CONCLUSION

18.1 Every Member, in the interest of the Association and himself/herself, shall remain familiar with the Constitution, Code of Ethics, Code of Practice and By-Laws of the Association and details of any Act of Parliament with its amendments and regulations affecting the profession.

18.2 The above provisions may be altered, amended or rescinded and new clauses added at an Annual General Meeting of the Association, by a majority vote of those present at the meeting, provided such alterations, amendments, rescinding or new clauses are proposed in writing by a voting Member and

received by the Secretary, one month before the next Annual General Meeting, to allow it to become an agenda item.

18.3 In cases different in interpretation of the above Code of Ethics and Code of Practice, the interpretation of the Committee shall prevail.



PART 3 – BY-LAWS

19. INTRODUCTION

- 19.1 The By-Laws of the Association shall deal with those matters of governance, administration and operation of the business of the Association and the practice of the Association Members that are not addressed by the Constitution, Code of Ethics or Code of Practice of the Association.
- 19.2 The By-Laws of the Association may be altered, amended or rescinded and new By-Laws added, by a motion carried by a quorum of the Committee in meeting.
- 19.3 Any By-Laws of the Association altered, amended, rescinded or added, will be identified by the Meeting and Motion number as it appears in the Minutes of the Committee meeting where the motion was tabled and carried.
- 19.4 By-Laws of the Association cannot alter or vary any Article of the Constitution, Code of Ethics or Code of Practice of the Association, except where such discretion is admitted to the Committee by the relevant Article of the Constitution, Code of Ethics or Code of Practice of the Association.
- 19.5 By-Laws written at the time of establishment and ratification of the original version of this document will be known as Primary By-Laws.
- 19.6 By-Laws altered, amended or added by the Committee according to Article 19.2 above, after the establishment and ratification of the original version of this document, will be known and recorded as Added By-Laws.
- 19.7 Added By-Laws will be communicated to all Association Members within 30 days of the carriage of the motion by the Committee.
- 19.8 Primary and Added By-Laws bind Members just as they are bound by the Constitution, Code of Ethics and Code of Practice of the Association.
- 19.9 Members will be bound by any Added By-Law from the time the Committee can reasonably declare that the Added By-Law has been communicated to Members, or by such time thereafter that the Committee deems to be reasonable.

20. PRIMARY BY-LAWS

- 20.1 Not less than fourteen (14) days notice must be given for all meetings unless exceptional circumstances prevail and do not disadvantage any Member who may wish to attend.
- 20.2 Fellowships will be awarded to Members for outstanding contributions to the Association and/or the profession. These Fellowships would still attract an annual membership fee. Fellowship is denoted as FPHA after the Member's name. The award of fellowship is to be determined by the Committee and recommended to an Annual General Meeting for consideration.
- 20.3 That in the situation where an application tenders qualifications in practices/therapies or modalities which are not approved by the Committee, or about which the Committee holds some reasonable reservation(s) as to the ethics, safety or morality of those practices, therapies or modalities, the Committee or its delegates(s) shall:
 - (1) Inform the applicant of the provisions in the PHA Incorporated Code of Ethics which forbids the association of the PHA Incorporated logo with any

practice, therapy or modality which is not approved officially by the PHA Incorporated.

- (2) Inform the applicant that the practice, therapy or modality included in his/her application is not approved by the PHA Committee and express to the applicant, any further reservations which the Committee may hold with regard to these practices, therapies or modalities.
- (3) Advise the applicant of any Committee recommendation for the applicant to seek further education or take other action, which the Committee may deem appropriate.
- (4) Withhold granting of membership at any level until evidence of compliance with item (3) above or grant a special provisional membership at the level appropriate to the normal PHA Incorporated parameters for membership, the special provision being that evidence of compliance with item (3) above is forthcoming within a time specified by the Committee.
- (5) The membership status of the applicant will be reviewed by the Committee at any future date, at its discretion.

20.4 Associate membership will:

- (1) Be granted to applicants from professions allied to the objectives and ideas of the PHA Incorporated.
- (2) Be granted where an applicant who is non-practicing or occasional practicing but meets the qualifications of the PHA Incorporated as a Clinical Hypnotherapist.

When practicing PHA Incorporated clinical practices as defined in the PHA Incorporated Constitution and Handbook of Ethical Practice must be met including a current Senior/Applied First Aid Certificate and Insurance.

Should they recommence practicing as a Clinical Hypnotherapists at any time during the same PHA Incorporated year then they must upgrade to an appropriate PHA Incorporated membership level, and pro-rata fees for the year shall apply.

- (3) Associate Members and above having been nominated for a Committee position either prior to an annual general meeting or other general meeting by a PHA Nomination Form or in person at an annual general meeting or other general meeting of PHA Incorporated are entitled to a deliberative vote and to be elected to a nominated position on the Committee.

20.5 Affiliate and Student Member

- (1) Affiliate, for those with an interest in hypnotherapy but are non-practicing or those who come from other related associations or allied health modalities.

Affiliate members will not have PHA Incorporated voting rights or be able to hold PHA Incorporated committee positions or be allowed right of use of the PHA Incorporated logo and are governed by the PHA Incorporated Code of Ethics.

- (2) Students, who have, in the opinion of the Committee, completed enough of their studies to allow them to undertake unpaid practice competently, may be considered for Provisional status upon their written application.

20.6 PHA Members are to include a "consent to consult" section in their Case History forms, to be signed by the client. Suggested wording would be:

"I the undersigned, hereby state that all information provided here by me is a true and accurate record of my personal status and I give consent for therapy

from this clinic. I acknowledge that I have been given the opportunity to ask all the questions I wish to ask and have been given satisfactory answers to all my questions. Furthermore I have had hypnosis and clinical hypnotherapy explained in detail, I understand hypnosis is a naturally occurring safe state and I am comfortable to continue with therapy”

20.7 In accord with the guidelines for Professional Indemnity Insurance claims notification, the notification must be made to the insurance company within one month. Members must forward a copy of this information to the PHA administration within the same time frame.

20.8 In certain circumstances, telephone consultations are acceptable as follows:

- (1) Circumstances dictate that there is no practical alternative than to conduct a telephone consultation.
- (2) The consultation is carried out professionally and in accordance with the Association's Constitution and Code of Ethics by which the practitioner is bound.
- (3) Proper notes of the consultation are made and retained.
- (4) The client is made aware that Health Fund rebates may not apply to telephone consultations.
- (5) The practitioner must ensure that any receipts issued for such a consultation, must clearly state that the consultation was a “telephone consultation”

21 TEMPORARY LEAVE OF ABSENCE

21.1 In circumstances such as maternity or paternity leave, personal or family illness, further education, extended travel, or other reason considered valid by the Committee, temporary leave of absence may be granted according to the following provisions:

- (1) That the Member shall apply in writing for the leave of membership, stating the reasons for the request and the period of leave requested.
- (2) That the Member shall not practice during the period of leave of absence.
- (3) That the leave of absence shall be for a fixed period of time as agreed between the Member and the Committee and shall not exceed twelve (12) months, except in exceptional circumstances as approved by the Committee.
- (4) That the requirement for professional indemnity insurance and current senior first aid qualification shall be waived during the period of absence.
- (5) That the membership fee due during the period of leave of absence shall be 50% of the normal membership fee due during that time and shall be calculated on a pro-rata basis for that part of the year(s) in which the leave of absence falls.
- (6) That at the end of the period of leave of membership, the Member shall be reinstated at the same level of membership that they held at the time that they applied for the leave of membership and that normal membership fees shall resume.
- (7) The member is encouraged where possible, to maintain a programme of Continued Professional Education (CPE) during the period of leave of absence. However this is not mandatory.

Upon resumption of membership, the Member will not be required to show CPE points for the period of the leave of absence. The Member shall be required to present the normal quota of CPE points at the time of the next scheduled renewal of membership, after the period of leave of absence has finished. At that time, the requirement for CPE points shall be calculated pro-rata for the time from the end of leave of absence up to the scheduled renewal of membership. CPE points gained during the leave of absence will be allowed to be used in the first period following the leave of absence.