

# LEARNING PROJECT RECORD - ACCREDITED LIVE CPD PROGRAM

Name:

SCP #:

Licensing Year:

## PROGRAM INFORMATION:

Program Name:

File #:

Speaker:

Date:

Location:

Sponsor:

Program Provider:

Accredited by:

CEUs:

## PRACTICE ISSUE:

**Identify** a gap in your knowledge, skills and/or abilities that is relevant to your practice/patients and **State** your learning objective for attending this CPD program.

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## OUTCOME:

**Identify** the impact your learning will have on your practice.

- I plan to modify my practice.  Confirmed no change in my practice needed at this time.
- More information needed to modify my practice.

## REFLECTION NOTES:

**Evaluate your learning activity.**

Provide a brief summary of:

1. **Key learning points** gained from your attendance at this program;
2. How you **plan to use** your new knowledge/skills in your practice, and
3. Any **additional learning** that is needed.

Notes:

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**Complete and Retain this document in your personal Learning Portfolio.**