

# LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT

Name:

SCP #:

Licensing Year:

Topic (Title/Vol./Issue/etc.):

Project Date(s):

## 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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## STIMULUS:

Indicate the factors that helped you identify this issue in your practice.

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|---|--|
| <input type="checkbox"/> Management of a patient or practice problem                        | <input type="checkbox"/> Reflecting on a series of similar patients or practice problems                                 |
| <input type="checkbox"/> Completing a self-assessment program                               | <input type="checkbox"/> Discussion with peers or others   |
| <input type="checkbox"/> Scanning the literature ( <i>journals, newsletters, internet</i> ) | <input type="checkbox"/> Feedback about my practice, e.g., <i>practice review, external directive, patient complaint</i> |
| <input type="checkbox"/> Engaging in teaching, writing, research                            | <input type="checkbox"/> Participation in a volunteer activity   |
| <input type="checkbox"/> Participation in a CE program                                      | <input type="checkbox"/> Other ( <i>specify in Notes:</i> )  |

Notes:

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## RESOURCES:

Briefly identify your learning activities.

**Time:** \_\_\_\_ hours (*Estimate the approximate time spent on this project in increments of 0.5 hr*)

**CEUs claimed:** \_\_\_\_ (*number of hours recorded at left to a maximum of 4*)

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> Non-accredited group program ( <i>workshop, course, conference</i> ) | _____ hr | <input type="checkbox"/> Reading ( <i>articles, texts, newsletters, manuals, internet</i> ) | _____ hr |
| <input type="checkbox"/> Self-study program ( <i>print, video/audio, internet</i> )           | _____ hr | <input type="checkbox"/> Planned literature search, e.g., <i>Medline, Internet</i>          | _____ hr |
| <input type="checkbox"/> Self-assessment program  | _____ hr | <input type="checkbox"/> Discussion with colleague or experts                               | _____ hr |
| <input type="checkbox"/> Preceptorship or mentorship with an expert                           | _____ hr | <input type="checkbox"/> Other: _____   | _____ hr |

Notes:

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