

LEARNING PROJECT RECORD - ACCREDITED LIVE CPD PROGRAM

Name:

SCPP #:

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.

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:

Complete and Retain this document in your personal Learning Portfolio.