

LEARNING PROJECT RECORD - ACCREDITED SELF-STUDY CPD PROGRAM

Name:

SCPP #:

Licensing Year:

PROGRAM INFORMATION:

Program Name/Title:

Program Provider:

Date:

Accredited by:

File #:

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. You must attach a record (marked test/email statement/certificate of completion/etc.) of successful completion (generally a mark of 70% or greater).