

LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT

Name: _____ SCPP #: _____ 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.

STIMULUS:

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

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

Notes: _____

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*)

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

Notes: _____
