



LEARNING PROJECT RECORD – ACCREDITED CE PROGRAM

Name: _____ SCPP #: _____ Licensing Year: _____

PROGRAM INFORMATION

Program Name: _____ File #: _____

LIVE

SELF-STUDY

Date: _____

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 CE 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

**Complete and retain this document in your personal learning portfolio
along with your letter/certificate of completion**