

Month (If required) _____

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)

Non-accredited group program

Reading (articles, texts, newsletters, manuals, internet) _____ hr

(workshop, course, conference) _____ hr

Self-study program (print, video/audio, internet) _____ hr

Self-assessment program _____ hr

Preceptorship or mentorship with an expert _____ hr

Planned literature search, e.g., Medline, Internet _____ hr

Discussion with colleague or experts _____ hr

Other (specify in Notes) _____ hr

Notes: _____

Total CEUs claimed for this long-term CE activity: _____

If you require more space for recording subsequent months of activity, photocopy page three of this form and enter the Month number to reflect continuous activity.

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 activities:

1. Key learning points from your project
2. Was your approach the most sensible/appropriate one
3. How you plan to use your new knowledge/skills in your practice; and
4. Any additional learning that is needed



**LEARNING PROJECT RECORD –
NON-ACCREDITED PROFESSIONAL DEVELOPMENT
LONG-TERM ACTIVITY**

Name: _____ SCPP #: _____ Licensing Year: _____

Topic: _____ Project Date(s): _____

PRACTICE ISSUE

Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need:

STIMULUS

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

Management of a patient or practice problem

Discussion with peers or others

Completing a self-assessment program

Feedback about my practice, e.g., practice review, external directive, patient complaint

Scanning the literature (journals, newsletters, internet)

Participation in a volunteer activity

Engaging in teaching, writing, research

Other (specify in Notes)

Participation in a CE program

Reflecting on a series of similar patients or practice problems

TIME LINE

Develop a time line for this learning activity. Include the stages you will take to complete your activity and an estimated date of completion. In your outline, briefly identify your expected learning activities on a monthly basis:

Complete and retain this document in your personal learning portfolio

RESOURCES

Briefly identify your learning activities:

Month 1: _____

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- | | |
|--|--|
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Month 2: _____

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)

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| <input type="checkbox"/> Self-study program (print, video/audio, internet) _____hr | <input type="checkbox"/> Planned literature search, e.g., Medline, Internet _____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 (specify in Notes) _____hr |

Month 3: _____

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)

- | | |
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| <input type="checkbox"/> Self-study program (print, video/audio, internet) _____hr | <input type="checkbox"/> Planned literature search, e.g., Medline, Internet _____hr |
| <input type="checkbox"/> Self-assessment program _____hr | <input type="checkbox"/> Discussion with colleague or experts _____hr |
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