

**LEARNING PROJECT RECORD –**

**NON-ACCREDITED PROFESSIONAL DEVELOPMENT LONG-TERM ACTIVITY**

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| **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:*

*Notes:*

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**STIMULUS**

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

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| 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 reaching, writing, research | Reflecting on a series of similar patients or practice  problems |
| Participation in a CE program | Other (specify in Notes) |

*Notes*

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**TIMELINE**

*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:*

*Notes*

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**RESOURCES**

*Briefly identify your learning activities:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Month 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (estimate the approximate time spent on this project in increment of 0.5 hr) | **CEUs Claimed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (number of hours recorded at left to a maximum of 4) |
|  |  |
| Non-accredited group program (workshop, course,  conference) \_\_hr. | Reading (articles, texts, newsletters manuals, internet) \_\_hr. |
| Self-study program (print, video/audio, internet) \_\_hr. | Planned literature search, e.g., Medline, Internet \_\_hr. |
| Self-assessment program \_\_hr. | Discussion with colleague or experts \_\_hr. |
| Preceptorship or mentorship with an expert \_\_hr. | Other (specify in Notes) \_\_hr. |

*Notes*

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| **Month 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **Month 3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **Month** *(if required):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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*Note*s

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*Notes*

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**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:*

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| --- | --- | --- |
| 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

*Notes*

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