



LEARNING PROJECT RECORD - ACCREDITED LIVE CPD PROGRAM

Name: _____ SCPP #: _____ Licensing Year: _____

PROGRAM INFORMATION:

Program Name: _____ File #: _____

Speaker: _____ Date: _____

Location: _____ Sponsor: _____

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 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.

Complete and Retain this document in your personal Learning Portfolio.