

**LEARNING PROJECT RECORD –**

**ACCREDITED CE PROGRAM**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCPP#: \_\_\_\_\_\_ Licensing Year: \_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

Program Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File #: \_\_\_\_\_\_\_\_\_­\_\_\_\_\_

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| --- | --- |
| * **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:*

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|  |

**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

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*Complete and retain this document in your personal learning portfolio*

*along with your letter/certificate of completion*