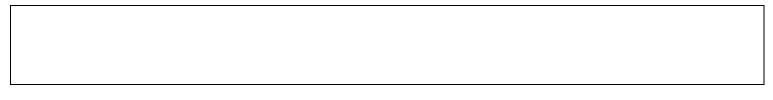


## LEARNING PROJECT RECORD – ACCREDITED CE PROGRAM

Name:	SCPP #: Licensing Year:
PROGRAM INFORMATION	
Program Name:	File #:
	SELF-STUDY
	Date:
Program Provider:	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

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

Confirmed no change in my practice needed at this time