



## LEARNING PROJECT RECORD – ACCREDITED CE PROGRAM

Name: \_\_\_\_\_ SCPP #: \_\_\_\_\_ Licensing Year: \_\_\_\_\_

### PROGRAM INFORMATION

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

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:*

### 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