



*LEARNING PROJECT RECORD – ACCREDITED CPD PROGRAM*

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Licensing Year: \_\_\_\_\_

**PROGRAM INFORMATION:**

**Program Name:** Precepting a Student with Access and Equity Services (AES)  
Accommodations

**Presenters:** USask PharmD EL Office

**Program Sponsor:** USask PharmD EL Office

**Location:** Online

**Completion Date:** \_\_\_\_\_

**Program Accredited by:** USask CPE

**Pharmacist File #:** SK23-416-I-P

**CEU:** 1.00

**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.

*Notes:*

**OUTCOME:**

- ☐ 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

*Notes:*