



LEARNING PROJECT RECORD – ACCREDITED CPD PROGRAM

Name: _____ License #: _____ Licensing Year: _____

PROGRAM INFORMATION:

Program Name: Supporting Students who Struggle

Presenters: Taylor Raiche

Completion Date: _____

Program Sponsor: College of Pharmacy and Nutrition,
Experiential Learning Office

Program Accredited by: USask CPE

Location: Online

Pharmacist File #: SK24-493-I-P

CEUs: 2.00

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: