

Name	College Registration Number	Learning Record #

PLAN

1. What is your learning goal(s) (Required)

2. Identify your primary motivation in choosing this learning goal(s). (Required) (check the main factor that helped you identify this as a learning goal)

- Self-assessment using the questionnaire from the college
- Changes in the regulatory or policy-related environment
- Specific patient cases or practice-related problems
- Information requests from patients, colleagues, or other health professionals
- Changes in practice or clinical guidelines
- Participation in writing, research, teaching
- Other (please specify):

ACT

3. What were your learning activities? (Required) (check all that apply and indicate activity details and date)

of Hours

Accredited

Non-Accredited

a. Live program (lecture, seminar, workshop, audio/video conferencing, etc.)

<i>Activity details – Include topic, speaker’s name & date</i>	<i>Date</i>	<i>Accredited</i>	<i>Non-Accredited</i>

b. Self-study program (correspondence programs, audio/video programs, study groups, journal club, online programs, multimedia rounds, etc.)

<i>Activity details – Need to give citation – title, author, date</i>	<i>Date</i>	<i>Accredited</i>	<i>Non-Accredited</i>

c. Reading materials (health-related journals, textbooks, manuals, newsletters, internet sites (Medline, Pubmed, UpToDate, etc.)

<i>Activity details – Need to give citation – title, author, date</i>	<i>Date</i>	<i>Accredited</i>	<i>Non-Accredited</i>

d. Workplace learning (discussion with colleagues or experts, “hands-on” learning, etc)

<i>Activity details</i>	<i>Date</i>	<i>Accredited</i>	<i>Non-Accredited</i>

e. Other (please specify)

<i>Activity details</i>	<i>Date</i>	<i>Accredited</i>	<i>Non-Accredited</i>

Note: Supporting documentation is required for accredited learning.
Retain all original supporting documentation for at least 2 years from your registration renewal deadline.

**TOTAL
HOURS**

<i>Accredited</i>	<i>Non-Accredited</i>

REFLECT

4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? **(Required)**

5. What future learning goal did this activity trigger for you? **(optional)**

6. My personal notes on this activity **(optional)**

7. Would you be willing to have your Learning Record used as an example?
(please note: your name will not be used)

Yes

No