



LEARNING PROJECT RECORD – ACCREDITED CPD PROGRAM

Name: _____ License #: _____ Licensing Year: _____

PROGRAM INFORMATION:

Program Name: Pre-Series Webinar: New SMAP Documentation Forms and Policy

Presented by: Myla Wollabum

Program Completion Date: _____

Program Sponsor: PAS

Program Accredited by: CPDPP

Location: Online

File #: SK19-060-I-P

CEUs: 1.25

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