



## LEARNING PROJECT RECORD – ACCREDITED CPD PROGRAM

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

### PROGRAM INFORMATION:

**Program Name:** TB Prevention and Control Saskatchewan:  
An Overview for Pharmacists and Pharmacy Technicians

**Program Sponsor:** SCPP

**Pharmacist File #:** SK19-089-I-P

**CEU:** 0.50

**Location:** Online

**Program Accredited by:** CPDPP

**Pharmacy Technician File #:** SK19-090-I-T

**Completion Date:**

### 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