



Continuing Professional Development
For Pharmacy Professionals

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

Notes:

Complete and retain this document in your personal Learning Portfolio