



LEARNING PROJECT RECORD – ACCREDITED CPD PROGRAM

Name: _____ **License #:** _____ **Licensing Year:** _____

PROGRAM INFORMATION:

Program Name: medSask COVID-19 Vaccine Consent Form and Guide Webinar

Presenter: Carmen Bell, Kirsten Bazylak, Kelly Kizlyk **Program Date:** April 21, 2021
Program Sponsors: CPDPP **Program Accredited by:** CPDPP **Location:** WebEx (Virtual)
Pharmacist File #: SK21-194-I-P **Technician File #:** SK21-195-I-T **CEU:** 1.5

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