

# CE-PLUS LEARNING RECORD

## INSTRUCTIONS

Record your name as it appears on your College registration.

Record your 5 digit College registration number.

Number your individual Learning Records for tracking.

Record the date you completed this Learning Record.

Define what you want or wanted to achieve.

Link this Learning Record to the relevant Role(s) in the Framework of Professional Practice. Please refer to our website [www.bcpharmacists.org](http://www.bcpharmacists.org) for a detailed description of each Role.

Select the appropriate learning activity category and provide specific details including name of program, name of colleague or expert, internet sites used, type of rounds, etc.

Select 'Other' and provide a description if not listed.

Document details or citation of reading materials including title, author, edition and date of publication. Note: you are not required to submit the publication, a photocopy of the cover is sufficient for supporting documentation.

Record date(s) of your learning activity (learning activities must occur between September 1, 2009 and August 31, 2010 to be considered current).

Record the total number of hours spent on completing your learning activities.

Select all that apply to this learning goal.

Document the actual hours spent on completing each learning activity in the corresponding boxes (accredited, non-accredited). Use increments of 0.5 hours.

CE-PLUS LEARNING RECORD			
<b>Name</b>	<b>College Registration Number</b>		
<b>Date</b>	<b>Total Number of Hours</b>		#
	<b>Accredited:</b>	<b>Non-Accredited:</b>	
<b>1. What is/was your learning goal(s)?</b>			
<b>2. Which Role in the Framework of Professional Practice does this Learning Record apply to? (check all that apply)</b>			
<input type="checkbox"/>	Role 1: Provide pharmaceutical care		
<input type="checkbox"/>	Role 2: Produce and distribute drug preparations and products		
<input type="checkbox"/>	Role 3: Contribute to the effective operation of the pharmacy		
<input type="checkbox"/>	Role 4: Maintain professional development and contribute to the professional development of others		
<input type="checkbox"/>	Role 5: Contribute to the effectiveness of the healthcare system		
<b>3. What motivated you to choose this learning goal? (check all the factors that helped you identify this as a learning goal)</b>			
<input type="checkbox"/>	a. Management/identification of a patient or practice related problem		
<input type="checkbox"/>	b. Discussion with peers or others		
<input type="checkbox"/>	c. Review of the literature (journals, newsletters, internet)		
<input type="checkbox"/>	d. Participation in teaching, writing, research		
<input type="checkbox"/>	e. Participation in health related activity		
<input type="checkbox"/>	f. Other (please specify):		
<b>4. What were your learning activities? (check all that apply and indicate activity details and date)</b>			
<input type="checkbox"/>	<b>a. Live program (lecture, workshop, conference, audio/video conferencing, study group/journal club)</b>	<b># of Hours</b>	
	Activity details	Date	Accredited    Non-Accredited
<input type="checkbox"/>	<b>b. Self-study program (correspondence programs, audio/video programs, etc.)</b>	Date	Accredited    Non-Accredited
	Activity details	Date	Accredited    Non-Accredited
<input type="checkbox"/>	<b>c. Reading materials (pharmacy and medical journals, textbooks, manuals, newsletters, etc.)</b>	Date	Accredited    Non-Accredited
	Activity details	Date	Accredited    Non-Accredited
<input type="checkbox"/>	<b>d. Planned literature search (Medline, internet)</b>	Date	Accredited    Non-Accredited
	Activity details	Date	Accredited    Non-Accredited
<input type="checkbox"/>	<b>e. Workplace setting activity (participation in rounds, discussion with colleagues or experts, etc.)</b>	Date	Accredited    Non-Accredited
	Activity details	Date	Accredited    Non-Accredited
<input type="checkbox"/>	<b>f. Other (please specify)</b>	Date	Accredited    Non-Accredited
	Activity details	Date	Accredited    Non-Accredited
<b>TOTAL HOURS</b>			

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Record the specific learning or development that occurred as a result of your learning activities.

5. Reflection – ask yourself:  
What did I learn (key learning points)?

How will/have I applied it to my practice?

What else do I need to learn?

6. Notes (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

Document any other professional development you have planned in this area.

Detail how you have/may implement what you have learned into your practice. How has the learning activity been useful?

Use this area to record personal notes that relate to this Learning Record (ie. future reading, name of presenter, colleague, etc.).

All identifying information will be removed from Learning Records being used as examples.

Learning activities must occur between September 1, 2009 and August 31, 2010

### Please note:

- The deadline for submission of your completed Learning Records is August 31, 2010, however you may choose to submit them as you complete them.
- In order for your Learning Record to be considered complete, all fields (with the exception of number 6) must be filled in.
- You are required to complete a minimum of 6 Learning Records AND 15 hours per year. Both minimums must be met in order to be considered complete.
- Submit any supporting documentation, confirming learning activity details (ie. copies of CE certificate, conference program, PowerPoint presentation you created, brochure you developed, websites visited, etc). along with your completed Learning Record.