

CE-PLUS LEARNING RECORD

Name		College Registration Number	
Date		Total Number of Hours	
		Accredited:	Non-Accredited:
1. What is/was your learning goal(s)?			
2. Which Role in the Framework of Professional Practice does this Learning Record apply to? (check all that apply)			
<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		
3. What motivated you to choose this learning goal? (check all the factors that helped you identify this as a learning goal)			
<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):		
4. What were your learning activities? (check all that apply and indicate activity details and date)			# of Hours
			Accredited Non-Accredited
<input type="checkbox"/>	a. Live program (lecture, workshop, conference, audio/video conferencing, study group/journal club)		
	<i>Activity details</i>	<i>Date</i>	<i>Accredited Non-Accredited</i>
<input type="checkbox"/>	b. Self-study program (correspondence programs, audio/video programs, etc.)		
	<i>Activity details</i>	<i>Date</i>	<i>Accredited Non-Accredited</i>
<input type="checkbox"/>	c. Reading materials (pharmacy and medical journals, textbooks, manuals, newsletters, etc.)		
	<i>Activity details</i>	<i>Date</i>	<i>Accredited Non-Accredited</i>
<input type="checkbox"/>	d. Planned literature search (Medline, internet)		
	<i>Activity details</i>	<i>Date</i>	<i>Accredited Non-Accredited</i>
<input type="checkbox"/>	e. Workplace setting activity (participation in rounds, discussion with colleagues or experts, etc.)		
	<i>Activity details</i>	<i>Date</i>	<i>Accredited Non-Accredited</i>
<input type="checkbox"/>	f. Other (please specify)		
	<i>Activity details</i>	<i>Date</i>	<i>Accredited Non-Accredited</i>
TOTAL HOURS			<i>Accredited Non-Accredited</i>

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? <i>(please note: your name will not be used)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Submission deadline: August 31, 2010

**You may submit your Learning Records as you complete them.
Please keep a copy for your records.**

**You must complete a minimum of 6 Learning Records per year AND 15 hours per year.
For additional Learning Records please visit our website at www.bcpharmacists.org.**