Learning Record Form

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Identify your primary motiva	ation in choosing this learnin	g goal(s). (Re	auired)	
(check the main factor that he	lped you identify this as a lear		,	
Self-assessment using the question	-			
Changes in the regulatory or policy- Specific patient cases or practice-re				
Information requests from patients,	·	ssionals		
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Changes in practice or clinical guide	lines			
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Date

TOTAL

HOURS

Accredited

Accredited

Non-Accredited

Non-Accredited

Note: Supporting documentation is required for accredited learning.

Retain all original supporting documentation for at least 2 years from your registration renewal

☐ e. Other (please specify)

Activity details

deadline.

Learning Record Form

This activity is related to Indigenous Cultural Safety, Cultural Yes No Humility, and Anti-racism. **REFLECT** 4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? (Required) 5. What future learning goal did this activity trigger for you? (optional) 6. My personal notes on this activity (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