

## Learning Record Form



Name	College Registration Number	Learning Record #

### PLAN

#### 1. What is your learning goal(s) (Required)

#### 2. Identify your primary motivation in choosing this learning goal(s). (Required) (check the main factor that helped you identify this as a learning goal)

- ☐ Self-assessment using the questionnaire from the college
- ☐ Changes in the regulatory or policy-related environment
- ☐ Specific patient cases or practice-related problems
- ☐ Information requests from patients, colleagues, or other health professionals
- ☐ Changes in practice or clinical guidelines
- ☐ Participation in writing, research, teaching
- ☐ Other (please specify):

### ACT

#### 3. What were your learning activities? (Required) (check all that apply and indicate activity details and date)

##### # of Hours

Accredited

Non-Accredited

##### ☐ a. Live program (lecture, seminar, workshop, audio/video conferencing, etc. )

Activity details – Include topic, speaker's name & date	Date	Accredited	Non-Accredited

##### ☐ b. Self-study program (correspondence programs, audio/video programs, study groups, journal club, online programs, multimedia rounds, etc.)

Activity details – Need to give citation – title, author, date	Date	Accredited	Non-Accredited

##### ☐ c. Reading materials (health-related journals, textbooks, manuals, newsletters, internet sites (Medline, Pubmed, UpToDate, etc.)

Activity details – Need to give citation – title, author, date	Date	Accredited	Non-Accredited

##### ☐ d. Workplace learning (discussion with colleagues or experts, “hands-on” learning, etc)

Activity details	Date	Accredited	Non-Accredited

##### ☐ e. Other (please specify)

Activity details	Date	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 deadline.

**TOTAL  
HOURS**

Accredited Non-Accredited

## Learning Record Form



This activity is related to Indigenous Cultural Safety, Cultural Humility, and Anti-racism.	<b>Yes</b>	<b>No</b>
<b>REFLECT</b>		
<b>4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? (Required)</b>		
<b>5. What future learning goal did this activity trigger for you? (optional)</b>		
<b>6. My personal notes on this activity (optional)</b>		
<b>7. Would you be willing to have your Learning Record used as an example? (please note: your name will not be used)</b>		
<div style="text-align: center;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>		