

Learning Record Form



Name	Licence #	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 client cases or practice-related problems
- Information requests from clients, 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 licence renewal deadline.

**TOTAL
HOURS**

Accredited	Non-Accredited

Learning Record Form



This activity is related to Indigenous Cultural Safety, Cultural Humility, and Anti-racism.	<i>Yes</i>	<i>No</i>
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)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		