

client outcomes.

## Continuing Education and Competency Program Learning Plan Form

Registration #:		Registrant Name:				
Learning Goal #1						
Start Date:			Proposed Completion Date:			
DETAILS						
Practice Standard Which standard of your profession dalign with?	of practice for					
Learning Goal What do you want to learn?						
Rationale Why do you want to meet this learning goal?						
Objectives What activities at to do to achieve t goal?						
Patient Outcomes  How may this information help you improve your professional practice and patient outcomes?						
REFLECTIVE EVALUATION						
Complete this section after you have finished your learning activities. More info: Reflective Practice						
New Knowledge Identify somethin learned by meeting learning goal.						
Reflective Evalua Learning Goal Describe how you knowledge to imp practice and posi	ı use this orove your					



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## Continuing Education and Competency Program Learning Plan Form

Registration #:	Registrant Name:					
Learning Goal #2						
Start Date:		Proposed Completion Date:				
DETAILS						
Practice Standard Which standard of practice for your profession does your goal align with?						
Learning Goal What do you want to learn?						
Rationale Why do you want to meet this learning goal?						
Objectives What activities are you going to do to achieve this learning goal?						
Patient Outcomes  How may this information help you improve your professional practice and patient outcomes?						
REFLECTIVE EVALUATION						
Complete this section after you have finished your learning activities. More info: Reflective Practice						
New Knowledge Identify something specific you learned by meeting this learning goal.						
Reflective Evaluation of Learning Goal Describe how you use this knowledge to improve your practice and positively impact						