College of Paramedicine
PRINCE EDWARD ISLAND

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 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 client outcomes.*	

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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 client outcomes.*	