

**Registrant Name:** 

Registration #:

## Continuing Education and Competency Program Learning Plan Form

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?					
Client Outcomes  How may this information help you improve your professional practice and client 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.					



**Registrant Name:** 

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## Continuing Education and Competency Program Learning Plan Form

Learning G	oal #2				
Start Date:			Proposed Completion Date	e:	
DETAILS					
Practice Standard Which standard of your profession dalign with?	of practice for				
Learning Goal What do you war	nt to learn?				
Rationale Why do you wan learning goal?	t to meet this				
Objectives What activities a to do to achieve a goal?					
Client Outcomes How may this inf you improve you practice and clien	ormation help r professional				
REFLECTIVE EVA	LUATION				
Complete this section after you have finished your learning activities. More info: Reflective Practice					
New Knowledge Identify somethir learned by meeti learning goal.	ng specific you				
Reflective Evaluate Learning Goal Describe how you knowledge to impractice and positions of the control of the	u use this prove your				