|  |  |
| --- | --- |
| **NAME:** Name | **CTFNno:** CTFNno |

# Credit Collection Year: Year

|  |  |
| --- | --- |
| **LEARNING OBJECTIVE** | **1 to 3 Related CDE® Competencies/Description** |
|       | *CDE competency:* CDE Compentency |

## How do you plan to address your learning objective? Choose all learning activites that apply and add others as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Audio/video |  [ ]  | Reading articles |  [ ]  |
| Continuing education event |  [ ]  | Discussion with colleagues |  [ ]  |
| Organized clinical learning experience |  [ ]  | Planned literature search and summary |  [ ]  |
| Internet search |  [ ]  |       |  [ ]  |
|       |  [ ]  |       |  [ ]  |

**Note:** Part B on the next page must also be completed to obtain credit.

|  |  |
| --- | --- |
| **NAME:** Name | **CTFNno:** CTFNno |

# Date completed: Click or tap to enter a date.

## Indicate activities/method(s) used to meet the learning objective

|  |  |  |  |
| --- | --- | --- | --- |
| Audio/video |  [ ]  | Reading articles |  [ ]  |
| Continuing education event |  [ ]  | Discussion with colleagues |  [ ]  |
| Organized clinical learning experience |  [ ]  | Planned literature search and summary |  [ ]  |
| Internet search |  [ ]  |       |  [ ]  |
|       |  [ ]  |       |  [ ]  |

**Summary of learning:**

**How will you use this knowledge in your practice?**

**Self-Reflection**

**How well were you able to satisfy your learning objective?**

[ ] Above expectations [ ] Within expectations [ ]  Below expectations [ ]  Not at all

Comments: