

## Form 1: Part A - Self-Assessment of a Learning Objective

Credit Value: 5 Credits per Credit Collection Year when both part A and part B are completed.

Issued: 2019

**NAME:**

**CTFNno:**

Credit Collection Year:

| LEARNING OBJECTIVE | 1 to 3 Related CDE® Competencies/Description |
|--------------------|--|
|                    | <i>CDE competency:</i>                       |

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

|  |                          |                                       |                          |
|--|--------------------------|---------------------------------------|--------------------------|
| Audio/video                            | <input type="checkbox"/> | Reading articles                      | <input type="checkbox"/> |
| Continuing education event             | <input type="checkbox"/> | Discussion with colleagues            | <input type="checkbox"/> |
| Organized clinical learning experience | <input type="checkbox"/> | Planned literature search and summary | <input type="checkbox"/> |
| Internet search                        | <input type="checkbox"/> |                                       | <input type="checkbox"/> |
|  | <input type="checkbox"/> |                                       | <input type="checkbox"/> |

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

Portfolio Page:

## Form 1: Part B – Report on a Self-Study Plan

Credit Value: 5 Credits per Credit Collection Year when both part A and part B are completed.

Issued: 2019

**NAME:**

**CTFNno:**

Date completed:

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

|  |                          |                                       |                          |
|--|--------------------------|---------------------------------------|--------------------------|
| Audio/video                            | <input type="checkbox"/> | Reading articles                      | <input type="checkbox"/> |
| Continuing education event             | <input type="checkbox"/> | Discussion with colleagues            | <input type="checkbox"/> |
| Organized clinical learning experience | <input type="checkbox"/> | Planned literature search and summary | <input type="checkbox"/> |
| Internet search                        | <input type="checkbox"/> |                                       | <input type="checkbox"/> |
|  | <input type="checkbox"/> |                                       | <input type="checkbox"/> |

**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:

**Note:** You may claim credit for this activity after you have completed Part A and Part B.

Portfolio Page: