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| **NAME:** | **CTFN No.:** |

**Part A: Self-Assessment of a Learning Need and Outline of a Self-Study Plan**

The Self-Assessment of a Learning Need and outline of a Self-Study Plan may be done annually by the CDE and signed by their Manager or, if the manager is unavailable, another CDE familiar with the CDE’s practice.

Credit Collection Year:

|  |  |
| --- | --- |
| **LEARNING NEED** | **1 to 3 Related CDE Competencies/Description** |
|  | *CDE competency:*      / |

|  |  |  |  |
| --- | --- | --- | --- |
| **How do you plan to address your learning need? Tick as many learning methods 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 |  |  |  |
|  |  |  |  |
| **How will you use this knowledge in your practice ?** | | | |
|  | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Manager’s  Name: (print) |  | | Manager’s  Signature: | |  | | OR ANOTHER CDE MAY SIGN ONLY IF A MANAGER IS UNAVAILABLE TO SIGN | | | | | | | CTFN No.: | | Name:(print) | | Signature: | | | | | |

**Date Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For credit, Part B on next page must also be completed.

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| **NAME:** | **CTFN No.:** |

**Part B: Report on Self-Study Plan**

Date completed: Click here to enter a date.

|  |  |  |  |  |  |
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| **Indicate learning method(s) used to satisfy learning need** | | | | | |
| Audio/video |  | Reading articles |  | Internet search |  |
| Continuing education event |  | Discussion with colleagues |  |  |  |
| Planned literature search and summary |  | Organized clinical learning experience |  |  |  |
|  | | |  |  |  |
| **Summary of learning:** | | | | | |
| **How will you use this knowledge in your practice?** | | | | | |

You may claim credit for this activity only once you have completed Part A and Part B. For any Credit Collection Year we accept credit from one form 1C (15 credits) **OR** one form 1B (10 credits) and a corresponding form 3A (5 credits).