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| --- | --- | --- |
| **NAME:** | | **CTFN No.:** |
| Date completed: | Form 1B Credit Collection Year:       – | |

**LEARNING NEED #1 – Check learning methods below which apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audio/video |  | Organized clinical learning experience |  | Internet search |  |
| Continuing education event |  | Planned literature search and summary |  | Discussion with colleagues |  |
| Reading articles |  |  |  |  |  |
|  |  |  |  |  |  |
| **Summary of learning** | | | | | |
| **How will you use this knowledge in your practice?** | | | | | |

**LEARNING NEED #2– Check learning methods below which apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audio/video |  | Organized clinical learning experience |  | Internet search |  |
| Continuing education event |  | Planned literature search and summary |  | Discussion with colleagues |  |
| Reading articles |  |  |  |  |  |
|  |  |  |  |  |  |
| **Summary of learning** | | | | | |
| **How will you use this knowledge in your practice?** | | | | | |

**LEARNING NEED #3 – Check learning methods below which apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audio/video |  | Organized clinical learning experience |  | Internet search |  |
| Continuing education event |  | Planned literature search and summary |  | Discussion with colleagues |  |
| Reading articles |  |  |  |  |  |
|  |  |  |  |  |  |
| **Summary of learning** | | | | | |
| **How will you use this knowledge in your practice?** | | | | | |