|  |  |
| --- | --- |
| **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?**       |