

5 Credits per Credit Collection Year

NAME: _____ **CTFN No.:** _____

Date completed: _____ Form 1B Credit Collection Year: _____ - _____

NOTE: If you need more space for an entry attach a separate sheet with your name, CTFN No. and the additional information.

LEARNING NEED #1 – Check learning methods below which apply

Audio/video	<input type="checkbox"/>	Organized clinical learning experience	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
Continuing education event	<input type="checkbox"/>	Reading articles	<input type="checkbox"/>	Discussion with colleagues	<input type="checkbox"/>
Planned literature search and summary	<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>
Summary of learning:					
How will you use this knowledge in your practice?					

LEARNING NEED #2– Check learning methods below which apply

Audio/video	<input type="checkbox"/>	Organized clinical learning experience	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
Continuing education event	<input type="checkbox"/>	Reading articles	<input type="checkbox"/>	Discussion with colleagues	<input type="checkbox"/>
Planned literature search and summary	<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>
Summary of learning:					
How will you use this knowledge in your practice?					

LEARNING NEED #3 – Check learning methods below which apply

Audio/video	<input type="checkbox"/>	Organized clinical learning experience	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
Continuing education event	<input type="checkbox"/>	Reading articles	<input type="checkbox"/>	Discussion with colleagues	<input type="checkbox"/>
Planned literature search and summary	<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>
Summary of learning:					
How will you use this knowledge in your practice?					