Form 3A: Report of Self Study Plan Developed in 1B

5 Credits per Credit Collection Year

NAME:	CTFN No.:					
Date completed:		Form 1B Credi	it Co	olle	ection Year:	
NOTE : If you need more space additional information.	ce for	an entry attach a separate s	sheet	t w	ith your name, CTFN No. an	d the
LEARNING NEED #1 - Che	ck lea	arning methods below whic	h ap	ply	!	
Audio/video	T_{\square}	Organized clinical learning experience		_ 	Internet search	
Continuing education event		Reading articles		<u> </u>	Discussion with colleagues	
Planned literature search and summary						
						$\neg \neg$
Summary of learning:						
-						
How will you use this know	/leda	e in your practice?				
now will you doo tillo in.o	loug	ill your practice.				
I FARNING NEED #2- Chec	·k lea	rning methods below which	h anr	nlv		
Audio/video	T	Organized clinical learning	1 upr	<u>///</u>	Internet search	$\neg \vdash$
	╀	experience		_		
Continuing education event Planned literature search and	+#	Reading articles	<u> L</u>		Discussion with colleagues	-
summary	\perp					-
Summary of learning:						
How will you use this know	/ledg	e in your practice?				
					_	
LEARNING NEED #3 - Che	ck lea	arning methods below whic	h ap	ply	!	
Audio/video		Organized clinical learning experience			Internet search	
Continuing education event	$\dagger \Box$	Reading articles	1	\exists	Discussion with colleagues	\dashv \Box
Planned literature search and		-				
summary	1					+=
Cummary of learning.						
Summary of learning:						
How will you use this know	rledge	in your practice?				

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Portfolio Page:

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