

College of Occupational Therapists of Nova Scotia  
**Continuing Competency Program • Professional Development Log**

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Area of Practice: \_\_\_\_\_ Registration year: \_\_\_\_\_

Use this log to track and record your ongoing learning activities.

File your completed log under Section 2.c of your Portfolio.

Date(s)	Professional Development Goal or Practice Issue <i>e.g. To improve skills in (wheelchair assessment, workload measurement, research, budget preparation, writing research proposal, etc.)</i>	Learning Activities/Resources <i>e.g. Attending educational events (conferences, workshops, seminars). Self directed studies (reading articles, etc.).</i>	Hours Optional	Is It Related to Professional Development Plan?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Hours</b>				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please file your completed Professional Development Log in Section 2.c – Supporting Documents. You are required to retain the completed log and supporting documents for 5 years. You will be required to submit the completed log as supporting document for your professional development activities if you are selected for review through the random Peer Assessment Audit process.