College of Occupational Therapists of Nova Scotia

Continuing Competency Program • Professional Development Plan

Name: _____ **Registration #:** _____ **Practice Area:** _____

Competency Unit: (Identify applicable unit)	**Professional Development Goal:** What do I want to Learn? (Identify One goal per page)	**Learning Activities/Resources:** What I have to do/what I need to achieve my goal?	**Target Date:** What time frame?	**Completion of Learning Activities:** Have I completed my learning activities?
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress

The Outcome or Impact on Practice. How did my learning activities impact my practice?

Check all that apply and sign and date below

☐ **Validated my practice.**
Describe:

☐ **Enhanced my practice.**
Describe:

☐ **Expanded my knowledge.**
Describe:

☐ **Increased my awareness of existing resources.** Describe:
Describe:

☐ **Other.** Explain:

Signature: _____ **Date:** _____

You will be required to submit your completed PDP if you are selected for review through the random audit process.

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Competency Unit: Identify the unit	**Professional Development Goal:** What do I want to Learn? (Identify one goal per page)	**Learning Activities/Resources:** What I have to do/what I need to achieve my goal?	**Target Date:** What time frame?	**Completion of Learning Activities:** Have I completed my learning activities?
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress
				☐ Yes ☐ No ☐ In Progress

The Outcome or Impact on Practice. How did my learning activities impact my practice?

Check all that apply and sign and date below

- ☐ **Validated my practice.** Describe:
- ☐ **Enhanced my practice.** Describe:
- ☐ **Expanded my knowledge.** Describe:
- ☐ **Increased my awareness of existing resources.** Describe:
- ☐ **Other.** Explain:

Signature: _____ **Date:** _____

You must retain this document for 5 years. You will be required to submit your completed PDP if you are selected for review through the Peer Assessment Process Revised:

Revised: February 2015