

## Certificate of Completion: Telehealth

<b>Name</b>		Registration #
<b>Telehealth Session:</b>		Date Viewed
<b>Presenter</b>		

**The content in this session may be used to partially satisfy for your annual Continuing Competence Program (CCP) requirement. Answer the Reflective Practice Evaluation questions below and keep this in your personal portfolio.**

**1.LEARNING**

List one new thing you learned by watching the Telehealth session.

**2.APPLICATION TO YOUR PRACTICE**

The goal of any CCP is to improve your practice every year. How do you think this new information will impact your practice over the next 8-12 months?

**3.REFLECTIVE PRACTICE EVALUATION**

Reflection is a method of learning and teaching professional maturity through the critical analysis of past experiences. Looking back over the last 8-12 months, think about what you wrote above. Has this new information impacted your practice as you thought? Why or why not? Be specific.

**Continue on other side**

My signature indicates that the information I have recorded on the Telehealth Certificate of Completion is true, accurate and complete. I understand that I am required to answer Question 1 & 2 of the Reflective Practice Evaluation now and Question 3 in 8-12 months. I understand that this certificate may be used to partially satisfy the full requirements of my annual Continuing Competence Program as long as question 1, 2 & 3 are completed. I understand that I may be required to submit a copy of this Certificate of Completion/Reflective Practice Evaluation as part of the annual Continuing Competence Verification Process.

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