



Continuing Competence Program

Record of Two Professional Activities Completed for 2018 Licensure Year (November 1, 2017 – October 31, 2018)

Describe two (2) professional activities **completed between November 1, 2017 and October 31, 2018.** The most **important** part of your activities is the reflective evaluation.

DO NOT SEND your completed forms to the College. Keep them in a safe place at home with your other work related documents. The College conducts a random audit of members each year in February. If you are selected for audit, you will be required to send of these forms for review.

PLEASE NOTE: The word *client* is meant to refer to patients. For LPNs in non-clinical positions, such as education or management *client* means the recipient of your services. For example as an educator, your client may be a learner and as a manager, your client may be a team member.

PROFESSIONAL or LEARNING ACTIVITY EXAMPLE	
Date completed	May 15, 2017
Professional or Learning Activity Describe your activity.	I attended a 2-part ostomy appliance in-service offered by the ET and product representative.
Did you receive a certificate of attendance or participation?	NO <i>A certificate of attendance is not required; however, if you have received one, keep it in your personal files. DO NOT send it to the College.</i>
New Knowledge Identify something specific that you learned by completing this activity.	Best practice in appliance measurement for obese clients.
Client Outcomes How do you think this information will help you improve your nursing practice or client outcomes?	I think this knowledge will make me more confident in my practice. Clients can tell when a nurse is confident and it makes them feel safer.
Reflective Evaluation of Learning Goal Describe how you use this new knowledge to improve your practice and positively impact client outcomes.	I use the sizing tool when I assess clients before I change the existing appliance. The helps make sure I am getting the right appliance in place the first time. As I have become more efficient, I spend more time teaching and less time applying. More teaching means better educated clients and less risk for complications.



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PROFESSIONAL or LEARNING ACTIVITY # 2	
Name:	
Registration #:	
Date completed All learning activities must fall within the above dates	
Professional or Learning Activity Describe your activity.	
Did you receive a certificate of attendance or participation?	<i>A certificate of attendance is not required; however, if you have received one, keep it in your personal files. DO NOT send it to the College.</i>
New Knowledge Identify something specific that you learned by completing this activity.	
Client Outcomes How do you think this information will help you improve your nursing practice or client outcomes?	
Reflective Evaluation of Learning Goal Describe how you use this new knowledge to improve your practice and positively impact client outcomes.	

Have some questions? Call a Professional Practice Consultant at 902.423.8517 (option 4) or 1.800.718.8517 (option 4), or email practiceconsultant@clpnns.ca . Call or email early, do wait until the last minute.

More CCP resources can be found on the CLPNS website @ www.clpnns.ca or in the Continuing Competence Program tab on the homepage @ <http://clpnns.ca/ccp/> .



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