

**Competency Assurance**

Professional Development Log (PDL) for 2024-2025 Renewal

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCPP Member #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use this form to provide a summary of your continuing professional development and learning activities completed **between April 1, 2023, and June 1, 2024,** to renew for the 2024-2025 licensing year. See [saskpharm.ca](https://www.saskpharm.ca/site/registration/ceu?nav=sidebar) for member requirements.

Reflect on your personal pharmacy practice (e.g., your practice area, patient population, your role, responsibilities, career goals). Consider your knowledge, skills, experiences, abilities, etc., and how you may expand on these to impact your practice. Complete and record the learning activities that are applicable.

**Before submitting, calculate and enter totals for the entire period.**

Accredited CEUs \_\_\_\_\_

Non-Accredited CEUs \_\_\_\_\_

Total CEUs \_\_\_\_\_

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| **How did you select this activity?**  Mandatory training  Convenience  Area of interest  Identified gap in practice  Other, please describe  If other, describe here. | Total CEUs: # |

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| **Learning needs** | **Learning Activity** | [**NAPRA SOP Domain**](https://saskpharm.ca/document/9715/NAPRA_SCPP_Model_Standards_Practice_2022.pdf) | **Date(s) of learning** | **CEU** | **Key learnings** | **Application** |
| Based on your reflection, which areas of your knowledge, skills, and abilities did you identify that require further development? | Report the activity: Title or Topic, Format, Provider or Reference, and Method of Selection. | Select the most applicable [domain.](https://saskpharm.ca/document/9715/NAPRA_SCPP_Model_Standards_Practice_2022.pdf) that relates to your learning. | Provide an exact date or date range. (Month-Day-Year). | Accredited or Non-Accredited learning and total CEU. | Note a few key points or learnings you found most valuable. | Share your approach to implementing this into your practice. How did the learning activity relate to your learning needs, and help you improve or impact your practice? Who has benefited and how? |
| Click or tap here to enter text. | **Topic/Title**: Click here to enter text. | Enter a NAPRA Domain | Start date:  Enter a date.  End date (if needed):  Enter a date. | Accredited CEUs: # | Click or tap here to enter text. | Click or tap here to enter text. |
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