

**Competency Assurance**

Professional Development Log (PDL) for 2025-2026 Renewal

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| **Name** | Click or tap here to enter text. | **SCPP Member #** | Click or tap here to enter text. |

Use this form to provide a summary of your continuing professional development and learning activities completed **between April 1, 2024, and June 1, 2025,** to renew for the 2025-2026 licensing year. See [saskpharm.ca](https://www.saskpharm.ca/site/profprac/capreqs?nav=sidebar) for member requirements.

Reflect on your personal pharmacy practice. This includes your specific practice area, the patients you work with, your role and responsibilities, and your career goals. Consider your current level of knowledge, skills, experience, and abilities, and think about how you could further develop them to make a positive impact on your practice. Complete and record any relevant learning activities that are applicable.

**Before submitting:**

* Review your submission to ensure that you have completed all fields.

(Note: blank pages are acceptable if they are not needed)

* Ensure that “Cultural Safety Requirement” is selected for at least one activity (under “How did you select this activity?”).
* For Community Pharmacy Managers, ensure that “Manager Requirement” is selected for at least one activity.
* Calculate and enter totals for the entire period.

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| Accredited Continuing Education Units (CEUs)  | Click or tap here to enter a number. |
| Non-Accredited Continuing Education Units (CEUs) | Click or tap here to enter a number. |
| **Total CEUs**   | Click or tap here to enter a number. |

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| **Learning Needs** | **Learning Activity** | **Application** |
| Based on your reflection, which areas of your knowledge, skills, and abilities did you identify that require further development?  | Report details of the activity below. Be sure to report the key learnings that you found most valuable, particularly those that address the learning need identified. | Share how you applied the learning. How did the learning activity impact your practice, who benefited, and describe any further changes you plan to make. |
| Click or tap here to enter text. | **Topic/Title**: Click here to enter text. |  Click or tap here to enter text. |
| **Provider or Reference**: Enter text. |
| **Format:**[ ] Course/Workshop[ ] Conference/ Presentation[ ] Article(s)[ ] Newsletter[ ] OtherIf other, describe here. | **How did you select this activity?**[ ]  Area of interest[ ]  Convenience[ ]  Cultural safety requirement[ ]  Gap in practice[ ]  Manager requirement[ ]  Mandatory training[ ]  Other: If other, describe here. | **Key Learnings**: Click or tap here to enter text. |
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