## College of Occupational Therapists of Nova Scotia **Continuing Competency Program • Current Practice Assessment Summary** Registration #: Name: Area of Practice: Registration year: June 1, 20 to May 31, 20 Use this form to summarize areas of professional strengths and areas that require improvement based on the result of your Assessment of Current Practice and Peer/Colleague Feedback. Formulate your professional development goals to address areas rated 2 and/or 3 identified as high/medium priority. File completed CPA Summary in Section 2.a of your Portfolio. My professional strengths are: (based on your self-assessment and feedback from your peers/colleague). Use the space below. My professional areas for improvement are: (based on your self-assessment and feedback from your peers/colleagues). List must include performance indicators with rating of 2 (Area for Growth) or 3 (Developing) assigned high/medium priority) **Competency Units Areas for Improvement** e.g. Unit 4: Thinks Critically e.g. No established framework for evaluating my of practice My professional development goal(s) are: (Transfer the goal(s) to the Professional Development Plan). Professional Development Goal(s) **Competency Units** e.g. To establish quality improvement program for my practice e.g. Unit 4: Thinks Critically by November 20