

**College of Occupational Therapists of Nova Scotia**  
**Continuing Competency Program • Professional Development Plan**

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ Practice Area: \_\_\_\_\_

Competency Unit: (check all that apply)	Professional Development Goal: What do I want to Learn?	Learning Activities/Resources: What I have to do/what I need to achieve my goal?	Target Date: What time frame?	Completion of Learning Activities: Have I completed my learning activities?
<input type="checkbox"/> Unit 1				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<input type="checkbox"/> Unit 2				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<input type="checkbox"/> Unit 3				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<input type="checkbox"/> Unit 4				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<input type="checkbox"/> Unit 5				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<input type="checkbox"/> Unit 6				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<input type="checkbox"/> Unit 7				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<p><b>The Outcome or Impact on Practice.</b> How did my learning activities impact my practice?</p> <p><b>Check all that apply and sign and date below</b></p>		<input type="checkbox"/> <b>Validated my practice.</b> Describe:  <input type="checkbox"/> <b>Enhanced my practice.</b> Describe:  <input type="checkbox"/> <b>Expanded my knowledge.</b> Describe:  <input type="checkbox"/> <b>Increased my awareness of existing resources.</b> Describe:  <input type="checkbox"/> <b>Other.</b> Explain:		

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

Please file your completed Professional Development Plan (PDP) under Tab 2b of your Continuing Competency Portfolio. You must retain this document for 5 years. You will be required to submit your completed PDP if you are selected for review through the random Peer Assessment audit process.