

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>The Outcome or Impact on Practice. How did my learning activities impact my practice?</p> <p>Check all that apply and sign and date below</p>		<input type="checkbox"/> Validated my practice. Describe: <input type="checkbox"/> Enhanced my practice. Describe: <input type="checkbox"/> Expanded my knowledge. Describe: <input type="checkbox"/> Increased my awareness of existing resources. Describe: <input type="checkbox"/> Other. 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.