College of Occupational Therapists of Nova Scotia

Continuing Competency Program • Current Practice Assessment Summary

Name: _____ **Registration #:** _____

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 *e.g. Unit 4: Thinks Critically*	**Areas for Improvement** *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).*

Competency Units *e.g. Unit 4: Thinks Critically*	**Professional Development Goal(s)** *e.g. To establish quality improvement program for my practice by November 20__ __.*