College of Occupational Therapists of Nova Scotia

Continuing Competency Program • Professional Development Log

Name: _____ **Registration #:** _____

Area of Practice: _____ **Registration year:** _____

Use this log to track and record your ongoing learning activities.

File your completed log under Section 2.c of your Portfolio.

Date(s)	**Professional Development Goal or Practice Issue** *e.g. To improve skills in (wheelchair assessment, workload measurement, research, budget preparation, writing research proposal, etc.)*	**Learning Activities/Resources** *e.g. Attending educational events (conferences, workshops, seminars). Self directed studies (reading articles, etc.).*	**Hours Optional**	**Is It Related to Professional Development Plan?**
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
		Total Hours	0	

Signature: _____ **Date:** _____

Please file your completed Professional Development Log in Section 2.c – Supporting Documents. You are required to retain the completed log and supporting documents for 5 years. You will be required to submit the completed log as supporting document for your professional development activities if you are selected for review through the random Peer Assessment Audit process.