



Continuing Competence Program

Record of Professional Learning Plan for Licensure

Year December 1st, 20 – November 30th, 20

Name:	Registration #:	Date Goal Completed:
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Professional Learning Goal #1: What new knowledge/goal do you want to achieve?

Projected Outcomes: How will achieving this goal help improve your nursing practice and client outcomes?

Objectives/Activities: How do you plan to achieve this goal? What activities will you complete to achieve this goal?

Fill in this section once you have completed your learning goal

Did you receive a certificate of attendance or participation while achieving this goal?

YES ☐

NO ☐

*A certificate of attendance is not required, however, if you have received one, keep it in your files. **DO NOT** send it to the Association.*

New Knowledge: Identify something specific you learned by achieving this learning goal

Reflective Evaluation: Describe how you use this new knowledge to improve your practice and positively impact your patient outcomes.

If you have questions, please call the Practice Consultant: 506-453-0747 or 1-800-942-0222, or email practiceconsultant@npls.ca

****Save the completed document on your device. Only send document if you have been audited.****



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Professional Learning Goal #2: What new knowledge/goal do you want to achieve?

Projected Outcomes: How will achieving this goal help improve your nursing practice and client outcomes?

Objectives/Activities: How do you plan to achieve this goal? What activities will you complete to achieve this goal?

Fill in this section once you have completed your learning goal

Did you receive a certificate of attendance or participation while achieving this goal?

YES ☐

NO ☐

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