



Completed Learning Activities

Name: _____ Registration #: _____ Registration Year: _____

This Completed Learning Activities form is to be filled out throughout the year to assist you in recording your completed learning activities for each of your Professional Learning Goals. You have one year to complete your Learning Activities based on your Learning Goals from the previous year. This form is due at registration renewal and is to be uploaded to your HMS account.

Professional Learning Goal:

What was your Learning Goal from the previous year?

Learning Activities/Resources

What did I do to achieve my goal?

- | | |
|---|--|
| <input type="checkbox"/> Collaborate with other OTs/colleagues | <input type="checkbox"/> Join committees or working groups |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Provide or receive mentorship |
| <input type="checkbox"/> Course/Webinar | <input type="checkbox"/> Research/Literature |
| <input type="checkbox"/> Develop Tool and resources (e.g. handouts) | <input type="checkbox"/> Provide Education |
| <input type="checkbox"/> Media (audiobooks or podcasts) | <input type="checkbox"/> Other |

	Completion Date
	Completion Date
	Completion Date

Description of Completed Learning Activity #1

Please describe your completed Learning Activity.



Description of Completed Learning Activity #2

Please describe your completed Learning Activity.

Description of Completed Learning Activity #3

Please describe your completed Learning Activity.

Reflections

Please reflect on how your learning activities and resources developed your knowledge, skills, attitudes and/or judgement with your selected learning goal.

Signature: _____ Date: _____