

CPD Record Form

CPD Record Form: *Scheduled* CPD Cycle Entry

Please provide precise and succinct information in each section

REFLECTION

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL*]
2. I need to learn about this because ...

PLANNING

3. I plan to undertake the following activities to meet my learning need(s) ...[ESSENTIAL*]
4. I plan to complete the activity/activities by ...

ACTION

5. Provide detail of the learning activity/activities in the activity table ...
6. In summary I learnt the following in relation to my identified learning needs ...[ESSENTIAL*]

EVALUATION

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ...[ESSENTIAL*]

9. It is evident that my original learning needs have been addressed within this cycle.

Revisit the 'reflection' stage and decide if you have fully met your learning needs.

Yes Tick the box

Pharmaceutical Society NI Registration no:

Name of entry:

Cycle:

What activity/activities did I undertake?

Activity	Date	Time Taken	Evidence

Time taken:

Which pharmacy sector(s) do you work in? You can choose more than one sector.

Tick all relevant boxes.

Community

Hospital

Pharmacist prescriber

Industry

Primary care/ practice

Academia

Training

Other

I confirm that this learning activity is relevant to:

a) the safe and effective practice of pharmacy

AND

b) my scope of practice

yes no

yes no

CPD Record Form: *Unscheduled* CPD Cycle Entry

Please provide precise and succinct information in each section

ACTION

1. In summary I learnt the following ...
...[ESSENTIAL*]
2. Provide detail of the learning activity/activities in the activity table ...

EVALUATION

3. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ...[ESSENTIAL*]

Pharmaceutical Society NI Registration no:

Name of entry:

Cycle:

What activity/activities did I undertake?

Activity	Date	Time Taken	Evidence

Time taken:

Which pharmacy sector(s) do you work in? You can choose more than 1 sector. Tick all relevant boxes.

- Community
- Hospital
- Pharmacist prescriber
- Industry
- Primary care/ practice
- Academia
- Training
- Other

I confirm that this learning activity is relevant to:

- c) the safe and effective practice of pharmacy
AND
- d) my scope of practice

yes no

yes no