

# Continuing Competency Plan

Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_

License No.: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SSN: \_\_\_\_\_ Registration period beginning \_\_\_\_\_ Ending \_\_\_\_\_

## Professional Self-assessment:

Review your current practice, and identify areas of learning that would enhance or complement your practice. This review should be helpful in setting your 3-year learning goals. The goals and the learning activities which you identify may be modified to reflect changes in practice and interest. You may also undertake learning activities that are outside your stated goals.

## Three-year learning/continuing competency goals

During this three-year registration cycle, I plan to develop/enhance my competency in the area(s) of

\_\_\_\_\_.

I plan to accomplish this by participating in the following way(s):

### Learning Activities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Measurable Outcomes

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_