Continuing Professional Development: Professional Development Plan CPD YEAR:

**Name: Signature: Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The PDP form summarises the learning objectives, enabling the planning, recording and reporting of your activities completed across all CanMEDS Roles and the application to practice and quality improvement for easy reference throughout your CPD year.

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| My scope of practice: | | | | | |
| Learning Objective | CanMEDS  Role | Activity | Completion Date | Total Hours | Application to practice and quality improvement |
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*A completed copy of this form should be uploaded to My CPD for audit purposes.*

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