



900 – 200 Granville St. Vancouver, BC Canada V6C 1S4 Tel: 604.742.6200 Toll-free: 1.866.880.7101 Fax: 604.661.0531 www.bccnm.ca

Continuing Professional Development Reflective Exercise

This worksheet has been developed to facilitate and record evidence of reflection for any continuing professional development (CPD) activities that cannot otherwise be formally documented. These activities include but are not limited to print-based or "flat" media, e.g. journal articles, published guidelines, webinars, online rounds or podcasts. Registrants shall complete one worksheet per applicable activity, and retain worksheets for six years following completion in case of random audit.

Last name:	First name:	
	Former name(s) if applicable:	
BCCNM ID:	Date activity completed (mm/dd/yy):	
Length of time spent on this activ	vity (minutes and/or hours):	
Name of activity (provide full cita	ation if journal article or guideline):	
Why did you choose this activity?	•	
What was the most useful/releva	nt information that you learned?	
How will what you learned affect	your practice?	
How will you share your learning.	s with clients and colleagues?	
What questions are you left with,	, and how will you address them?	

Page 1/1 Form 117 (February 2023)