

Name: _____

CNO registration number: _____

Area of practice: _____

Position in nursing: _____

Practice standard

My goal relates to the following practice standard(s):

- Infection Prevention and Control
- Ethics
- Nurse Practitioners
- Other (Practice standards and guidelines)

Goal

What do you want to learn or achieve?

Activities and timeframes to achieve my goal

Expected goal completion date _____

Evaluation of changes to my practice

Actual goal completion date _____

My learning plan addresses:

- Advances in technology
- Changes in my practice environment
- Entry-to-practice competencies
- Interprofessional care

I have signed and dated the Declaration
(see back page)

Initial _____ **Date** _____

Declaration

QA Learning Plan 2009-2010 Declaration

I hereby declare that the following statements are true.

1. I have initialled and dated my Learning Plan.
2. My Learning Plan has been prepared by me, **is my own work** and accurately reflects my learning goals and activities.
3. My Learning Plan demonstrates my commitment for continual participation in Self-Assessment and improvement processes.
4. I will retain a copy of my Learning Plan for two years.

Signature _____

Date _____

Reminder

Ensure you review the College's Collection and Retention of Personal Information Statements on page 2 of the *Self-Assessment: A Guide to Developing Your Learning Plan 2009-2010* document.



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

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