



Reflective Practice Review Activity Report

1. Personal Information

Regulated member's name: _____
Registration number: _____
Supplement to application dated: _____

2. Reflective Practice Review Activities for previous year

1. My learning goal for the registration year relates to the following key competency:

Key Competency Number: _____

Key Competency Description: _____

2. Completing the learning activities for my learning goal impacted the following two areas:

- My individual competence
- My patients/clients
- Physiotherapy/health service delivery

3. Reflective Practice Review Activities for current year

My learning goal for the registration year relates to the following key competency:

Key Competency Number: _____

Key Competency Description: _____

4. Declaration

I declare that I understand the reflective practice review requirements of Physiotherapy Alberta's Continuing Competence Program and have completed the required steps applicable to my current role.

Signature _____ Date _____

OFFICE USE

Date received: _____ Date approved: _____

