



Continuing Competence Program Learning Plan

Year		
Goal #	Goal # 1	Goal # 2
Is this a projected or completed learning plan?	Completed	Projected
CLPNM Registration #		

Note: Before completing this template, be sure to consult pages 3 to 5 of the [CCP Instruction Guide](#) for learning plan criteria.

How many years have you practised as an LPN?

What is/are your current area(s) of practice?

How many years have you practised in this/these area(s)?

Do you plan on changing your area of practice in the coming year? If so, to what area?

Do you practice in Independent Practice?
[See here for a definition.](#)

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No	

Goal

Describe a specific learning goal you have established for yourself.

Planned Interventions

Describe the learning activities that you plan or planned to complete to meet your learning goal.

**Complete and submit pages 1 to 4 if this is a completed learning plan.
End here and submit only page 1 and 2 if this is a projected learning plan.**

Completed Interventions

Describe, in detail, the learning activities you have completed to meet your goal.

Include specific information such as dates and locations of workshops and courses, and proper citations for articles or other publications.

Impact on Practice

Describe, in detail, what you learned and how the learning has impacted, or will impact, your nursing practice. How has this learning enhanced your professional knowledge, skill and/or judgment? How have your clients been positively impacted by your learning?

Impact on Practice (continued)

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Evaluation of Learning

Please evaluate your experience developing and carrying out this learning plan.

I now feel more confident that my nursing practice is consistent with current evidence.	
I now feel more confident about my ability to find evidence-based resources	
I discovered research resources or continuing education options I didn't know about.	
I shared my new knowledge with colleagues and clients.	
I received positive feedback on my learning from clients, colleagues, and/or managers.	
I identified topics for further learning in the future.	
Other (specify)	