Continuing Professional Development – Professional Development Plan CPD Year

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

My scope of practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CanMEDS Role | Learning Objective | Action Steps | Activities | Target Date | Completion Date |
| Scholar |  |  |  |  |  |
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| Medical Expert |  |  |  |  |  |
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| Communicator |  |  |  |  |  |
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| Collaborator |  |  |  |  |  |
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| Leader |  |  |  |  |  |
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| Health Advocate |  |  |  |  |  |
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| Professional |  |  |  |  |  |
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