



Newfoundland & Labrador Pharmacy Board

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Learning Portfolio Record Sheet

(Please Print)

Name: _____ License #: _____ Date: _____

Program Title: _____

Provider: _____

Speaker/Author: _____

Program Approved by (select one):

- ACPE
- CCCEP
- CME
- NLPB
- Other Provincial Regulatory Body
- Non-Accredited

File # (if any): _____

of CEU's accredited for this program: _____

of CEU's self-assigned for this program: _____

1. Learning Objectives: (what do you hope to achieve/learn in this learning activity?) – attach if provided by presenter

2. List your top "take home" messages from this activity.

3. Evaluation: What content of the activity was relevant to your practice site? (Give at least one example, and if it was not relevant state why it was not)