



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

www.nlppb.ca

Telephone
Fax
e-mail

(709) 753-5877 or 1-877-453-5877 (toll free)
(709) 753-8615
inforx@nlppb.ca

Professional Development Log (Please Print Clearly and Complete in Full)

Pharmacist Name: _____ License #: _____ Calendar Year: _____

I certify that the following information is accurate. This is a signed declaration that I have completed the 15 CEU required for relicensure. I understand that my Professional Development Log, Learning Portfolio Record Sheets and other supporting documentation may be subject to audit.

Pharmacist's Signature

Date

| | | | | |
|------------|---|---------------|---|---------------|
| Accredited | | Self-Assigned | | Total Claimed |
| (Min 7.5) | + | | = | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

* Examples of Providers include PANL, CSHP, RxBriefcase or Pharmacy Practice

Copy this form as necessary to document the annually required 15 Continuing Education Units.
Be sure to complete a Learning Portfolio Record Sheet for each entry on this Professional Development Log.
Keep the Log, Record Sheets and other supporting documentation in your Learning Portfolio in case of audit.

Name: _____

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

* Examples of Providers include PANL, CSHP, RxBriefcase or Pharmacy Practice

Be sure to complete a Learning Portfolio Record Sheet for each entry on this Professional Development Log. Keep the Log, Record Sheets and other supporting documentation in your Learning Portfolio in case of audit.

Name: _____

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

| Date Completed | Program Title (accredited) | Or | Practice Issue (non-accredited) | Provider* | File # | Number of CEUs | |
|----------------|-------------------------------|----|------------------------------------|-----------|--------|----------------|---------------|
| | | | | | | Accredited | Self-Assigned |
| | | | | | | | |

* Examples of Providers include PANL, CSHP, RxBriefcase or Pharmacy Practice

Be sure to complete a Learning Portfolio Record Sheet for each entry on this Professional Development Log. Keep the Log, Record Sheets and other supporting documentation in your Learning Portfolio in case of audit.