

Verification of Learning Form

Complete and upload this form in the **in the portal** as proof of your completed learning activities. This form is intended to show that you participated in learning activities based on your self-assessment and goals for ongoing professional growth.

Name _____ RDA# _____

Registration year _____ Date(s) completed _____

Learning activity _____

ASSESS

Why did I choose this learning activity? (check all that apply)

- I wanted to provide safer care and improve our patients' experience
- I recognized a gap in my knowledge or skill and wanted to address it
- I wanted to refresh and strengthen a skill I don't often use
- I needed to update my knowledge because of new standards, guidelines, or technologies
- Other _____

ACHIEVE

What learning activities did I complete to support my growth? (check all that apply)

- I attended a workshop, seminar or in office training
- I worked with a mentor or coach and received feedback
- I completed independent study (examples: articles, research, self-directed online learning)
- Other _____

ANALYZE

Reflection **in the portal**.

After completing this form, return to the portal to upload it and complete your reflection.

Your reflection is where you analyze your learning experience and describe how the learning applies to your practice and patient care.

Verification

Verified by (select one) Presenter Sponsor Employer Mentor

Verifier name (print) _____ Verifier signature _____

May 28, 26

