

Verification of Learning Form

This form is designed to provide evidence of your learning activities. Complete one form for each Learning Objective. Upload your completed form to your applicable Learning Objective at *My Learning Plan* on the CADA website.

Name _____ RDA# _____

Learning Plan Year _____ Competency Number _____

Learning Activity(ies) Completed _____

(list all activities completed for the Competency Number above)

Completion Date _____

(if multiple activities completed, provide date of most recent activity)

Verified By Presenter Sponsor Employer Mentor

Print Name _____

Signature _____

Date _____