

## College of Pharmacists of Manitoba 200 Tache Avenue, Winnipeg, Manitoba R2H 1A7 Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: profdevelopment@cphm.ca | Website: www.cphm.ca

| Licence #:   | Name:   |   |  |  |  |
|--|---|---|--|--|--|
| Address:   |   |   |  |  |  |
| Email:   | Phone #:  |   | Fax #:   |  |  |
| Pharmac  | ist Independent St  | udy Self-Accr   | reditation Form  |  |  |
| It is the responsibility of the pharmacist who is self-accrediting their independent studies to ensure that the activity meets ALL the criteria outlined in the Pharmacist Independent Study Self-Accreditation Package and that the learning experience is applicable to pharmacy practice. |   |   |  |  |  |
| INSTRUCTIONS:  |   |   |  |  |  |
| in their online Profession completed. These forms CPhM at any time such  | onal Development Log for<br>s must be kept for a mini<br>n as during the Annual | or an independe<br>mum of three ye<br>Learning Portfo | macist to claim accredited hours<br>ent study. All questions must be<br>ears and can be requested by the<br>blio Review. Please attach any<br>statements of participation or |  |  |
|  | •   | •   | endent Study Self-Accreditation independent study in the Online  |  |  |
| 1. Identify the title of y   | our independent study.  |   |  |  |  |
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| 2. | List the current learning need(s) in your pharmacy practice that you have identified that are related to this independent study.   |
|----|--|
|    |  |
| 3. | Based on the learning needs identified above, identify at least three learning objectives that are personalized according to your learning needs for this independent study.   |
|    |  |
| 4. | Describe the learning activities and resources (minimum of two) that you participated in or completed in order to meet your learning objectives. Even if a course or learning activity involves multiple resources (online modules and review of external websites), the course only counts as one resource. |
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| 5. | Include the amount of time spent on each activity or resource listed in #4 (do not include time spent creating presentation slides or breaks).                                   |
|----|--|
|    |  |
| 6. | Evaluate the independent study by assessing whether your learning needs and objectives were met. If the learning objectives were not met, what could have been done differently? |
|    |  |
| 7. | How will you apply your learning to your practice? What are next steps? Have any additional learning needs been identified?  |
|    |  |



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| 8. | Date(s) of completion:  |
|----|---|
|    |   |
|    |   |
|    |   |
|    |   |
| 9. | Total CEU (add up the time from #5 and convert to CEU [1 hour = 1.00 CEU]):   |
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|    |   |
|    | cknowledge and agree that if i submit this document electronically and insert my name below, s equivalent to my original ink signature. |
|    |   |