



Saskatchewan Society of Occupational Therapists

PROFESSIONAL DEVELOPMENT LOG

Name: _____

Date: _____

Name of Activity: _____

Type of Activity:

Teleconference Telehealth In-service
 Self-study (describe) _____

Other _____

This activity has helped me in the following way:

- Expand my knowledge regarding this topic
- Will influence my clinical decision making
- Will help me work towards the following professional development goal
Professional development goal: _____
- Other: _____

Describe Impact on Practice:

Corroborated by * (optional): _____

(Signature)

Site coordinator Other: _____

*Document can be signed by a “site coordinator” who has organized or overseen the event. If this coordinator is not available, it can be signed by a colleague who participated with you in the event.

Time spent in the activity (optional): _____