



# 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:

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**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): \_\_\_\_\_