

Professional Self-Reflection Practitioner Example

Clinical Practitioner – John Smith

What are my current practice area(s) and/or professional interests?

Clinical nutrition for general medicine, renal patients, and a very small number of outpatients

Within my area(s) of practice and/or professional interests, what roles or responsibilities do I perform now?

Nutrition assessment and intervention, nutrition education, quality improvement data collection

What external factors or trends (professional, societal, environmental) are affecting or will affect my professional practice?

Emerging information technologies, government involvement in health care, aging population, managed care, integrated delivery systems, sedentary lifestyles

What areas of my profession do I enjoy?

Nutrition counseling, working on multidisciplinary care pathways, providing nutrition care to renal patients

What are my current leadership responsibilities?

As a Seminar Chairperson, I am responsible for program planning, implementation, budget planning and responsibility, committee management, and site coordination

What do I want my future practice area to be?

Maintain position working with general medicine patients, but with emphasis on medical nutrition therapy for patients with renal disease

What are my professional strengths?

Communication skills

Reliability

Keeping abreast of health care for chronic disease conditions

What are my professional areas for improvement?

Collaboration

Understanding of managed care

Identifying opportunities to provide cost-effective care

What are my current professional goals?

Short Term: (1 - 3 years)

Maintain nutrition expertise for general medicine population

Increase knowledge of outpatient self-management training

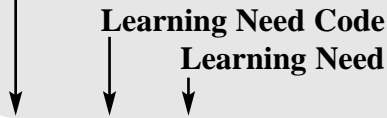
Long Term: (3 - 5 years)

Become a Board Certified Specialist in Renal Nutrition (CSR)

Learn about the structure of various health systems and the payment mechanisms

Learning Needs Assessment Practitioner Examples

Learning Needs Supporting Your Goals



CPE Level:

Level 1 Level 2 Level 3

Clinical Practitioner – John Smith

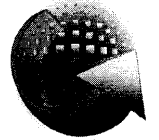
	Level 1	Level 2	Level 3
● 1020 Computer, electronic technology	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
● 1090 Media skills	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
● 5000 Medical Nutrition Therapy	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 5190 Diabetes mellitus	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 5340 Renal diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
● 6000 Education, Training, and Counseling	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
● 7100 Institution/regulatory policies and procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 7130 Managed care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 7170 Reimbursement, coverage	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Example - Clinical Practitioner – John Smith Plan on the CDR website at www.cdrnet.org

Registration No:
8 5 0 0 1 2 3 4

Please print in capital letters using a black pen.
Last: S M I T H

First Name: J O H N



Professional Development Portfolio

CDR Credential: (select only one) RD or DTR

This is the **FIRST** Learning Plan for this recertification cycle, OR

This is a **REPLACEMENT** of a Learning Plan submitted earlier (You must submit a complete Learning Plan. The plan you submit now will replace, not add to the Learning Plan you submitted earlier)

STEP 3 - LEARNING PLAN

Middle Initial: J

This is for my 5-year cycle starting:
0 6 0 1 0 8

Daytime Telephone:
7 7 3 1 2 3 4 5 6 7

Mail this form to CDR or enter this information on the CDR website at www.cdrnet.org. If you enter the information on the website, do not mail this form to CDR. Keep a copy for your records for 1 year beyond the end of your recertification cycle. See *Professional Development Portfolio Guide* for specific requirements.

APPROVED TYPES OF CONTINUING PROFESSIONAL EDUCATION (CPE) ACTIVITIES:

Darken circles corresponding to the types of activities you plan to use to meet your learning needs. You may use any of these, even if you do not select them at this time. A summary of this information will be shared with CPE providers.

- 100 Academic Coursework
- 110 Case Presentations
- 120 Certificate Program
- 130 Exhibits
- 140 Experiential Skill Development
- 150 Interactive Workshops
- 160 Journal Clubs

- 170 Lectures, Seminars
- 180 Posters
- 190 Professional Leadership
- 200 Professional Reading
- 205 Research
- 210 Residency & Fellowship Programs
- 220 Sponsored Independent Learning
- 230 Study Groups

- Certification**
- 335 CDR -CSG
 - 337 CDR -CSO
 - 340 CDR -CSP
 - 380 CDR -CSR
 - 385 CDR -CSSD

- Pre-approved Self-study**
- 700 Audio-based
 - 710 Computer-based
 - 720 Printed
 - 730 Video-based
 - 740 Web-based

Other (See Guide for Code)

- In this step you develop a Learning Plan to meet your goals.
- Use the goals from the Professional Self-Reflection Worksheet, and the Learning Need Codes from the Learning Needs Assessment Worksheet to finish this form.
- It is recommended that you submit this Learning Plan by June 1 at the beginning of your recertification cycle.
- However, you must complete and submit this form to CDR no later than 120 days after the first CPE learning activity recorded on your log in this recertification cycle, and no later than May 31 of the last year in your recertification cycle.
- You must have a Learning Plan verified by CDR to receive credit for your CPE activities.
- You will probably list more, but you must indicate at least one goal and at least one learning need on your Learning Plan.

1. Record your goal number in the box provided, and your goal on the line provided.
2. Print learning needs that will support that goal on the lines provided.
3. For each learning need, print the Learning Need Code in the boxes provided with a black pen.

Date of this Submission:
0 6 0 2 0 8

Total # of Pages Submitted: 0 3

Enter this information online at www.cdrnet.org OR

Page: 1

9930219711

Mail this original form to CDR at: 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606. Questions? Email CDR at redesign@eatright.org or call CDR at 1-800-877-1600, ext. 5500.

Revised 10/24/07

Make additional copies of this side if needed. Complete registration number and last name for each side completed.
Provide Learning Need Codes supporting each goal in spaces below, using black pen.

Registration No:

85001234

Last Name:

SMITH

STEP 3 - LEARNING PLAN

Goal #: 01 MAINTAIN NUTRITION EXPERTISE FOR GENERAL MEDICINE POPULATION

<p><u>MED NUT THERAPY</u> Print Learning Need</p> <p>Learning Need Code: 5 0 0 0</p>	<p><u>DIABETES</u> Print Learning Need</p> <p>Learning Need Code: 5 1 9 0</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>
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Goal #: 02 INCREASE KNOWLEDGE OF OUT PATIENT SELF MANAGEMENT TRAINING

<p><u>ED, TRAIN, COUNSELING</u> Print Learning Need</p> <p>Learning Need Code: 6 0 0 0</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>
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Goal #: 03 BECOME A BOARD CERTIFIED SPECIALIST IN RENAL NUTRITION - CSR

<p><u>RENAL DR</u> Print Learning Need</p> <p>Learning Need Code: 5 3 4 0</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>
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Questions? Email CDR at redesign@eatright.org, or call CDR at 1-800-877-1600, ext. 5500. Revised 10/24/07

Page: 02

Make additional copies of this side if needed. Complete registration number and last name for each side completed.
Provide Learning Need Codes supporting each goal in spaces below, using black pen.

STEP 3 - LEARNING PLAN

Registration No:

85001234

Last Name:

SMITH

Goal #: 04 LEARN MORE ABOUT THE STRUCTURE OF VARIOUS HEALTH SYSTEMS AND PAYMENT MECHANISMS

<p><u>INSTITUTION, REG POLICIES</u> Print Learning Need</p> <p>Learning Need Code: 7100</p>	<p><u>REIMBURSEMENT</u> Print Learning Need</p> <p>Learning Need Code: 7170</p>	<p><u>MANAGED CARE</u> Print Learning Need</p> <p>Learning Need Code: 7130</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>
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Goal #: 05 INCREASE TECHNOLOGY SKILLS TO CREATE AN INTERACTIVE WEBSITE FOR THE RENAL POPULATION

<p><u>COMPUTER, SPEC TECH</u> Print Learning Need</p> <p>Learning Need Code: 1020</p>	<p><u>MEDIA SKILLS</u> Print Learning Need</p> <p>Learning Need Code: 1090</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>
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Goal #: [][]

<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>	<p>Print Learning Need</p> <p>Learning Need Code: [][][][]</p>
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Revised 10/24/07

Example - Clinical Practitioner – John Smith

STEP 4 - LEARNING ACTIVITIES LOG

Registration Number
85001234

Last Name: SMITH



CERTIFICATION STATEMENT

In addition to this Certification Statement.

I am submitting 04 log pages, including this page
totaling 092 CPEUs*

Daytime Telephone:

773 123 4567
Area Code Phone Number

*Please Note:
Total must be at least 75 CPEUs for RDs, 50 CPEUs for DTRs.
Partial submissions will not be accepted.
Use only whole numbers (Round up from .5 to nearest value).

In the last five years have you:

Been convicted of a crime under the laws of the United States which is a felony or a misdemeanor, an essential element of which is related to the practice of the profession?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Been disciplined by a state, and at least one of the grounds for the discipline is the same or substantially equivalent to the principles of the Code of Ethics for the Profession of Dietetics?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Had any professional license, certification or registration denied, revoked or suspended by a state?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Committed an act of malfeasance which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board or an agency of a governmental body?	<input type="radio"/> Yes <input checked="" type="radio"/> No

I certify that the information provided here and in subsequent documentation is true, correct and accurate to the best of my knowledge. Persons certified by the Commission on Dietetic Registration must comply with the Code of Ethics for the Profession of Dietetics. I understand that I must maintain a copy of my recertification forms and any required documentation for a period of two years beyond the end of my recertification cycle, and that audits of the information I provide and any subsequent documentation I provide may be conducted on a random and triggered basis. CDR has the right to verify the information presented.

Signature: John Smith

Print Name: JOHN SMITH

Date Step 4 -Learning Activities Log Submitted:

12 / 01 / 09
MO DAY YR

Page: 1

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When you have 75 CPEUs (50 for DTRs) ENTER this information online at WWW.CDRNET.ORG or MAIL this form to CDR at: 120 South Riverdide Plaza, Suite 2000, Chicago, IL 60606-6995. Questions? Call CDR at 1-800-877-1600 ext. 5500 or EMAIL CDR at redesign@eatright.org



Please print in capital letters using a black pen:

Registration No:

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 Last Name:

S	M	I	T	H															
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 First Name:

J	O	H	N																
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STEP 4 - LEARNING ACTIVITIES LOG

MI:

J

 RD or DTR

In this step you document your participation in Continuing Professional Education (CPE) activities that support your learning plan. Make copies of the reverse side of this page to add CPE activities as necessary. For each of your CPE activities completed in this recertification cycle:

1. Print the Learning Need Code in the boxes provided. (see your Step 3 - Learning Plan for Learning Need Codes)
2. Print the CPE Activity Type code in the boxes provided (see Learning Plan or PDP Guide for CPE Activity Type codes).
3. For each CPE activity, print the required activity description. (For #'s 2 and 3, see "Approved CPE Activities" section of the Guide)
4. Print the number of CPE Units in the boxes provided.
5. Print the date the CPE activity took place.
6. Indicate how you did (or will) use the knowledge or skill gained.
7. When you have recorded 75 CPEUs (50 for DTRs), send the completed form to CDR. Partial submissions, or logs that do not meet the minimum 75 CPEUs (50 for DTRs) requirement, will not be accepted.

Submit this form to CDR by May 31 of the last year of your five year period. Maintain a copy of this form and all required documentation for two years beyond the end of your recertification cycle. See the "Approved CPE Activities" section of the Guide for the documentation you are required to retain.

Learning Need Code	CPE Activity Type	Activity Description (Title and Provider/Source of CPE Activity)	CPE Activity Data	How did (or will) you use the knowledge or skill acquired from this learning activity?																			
<table border="1" style="display: inline-table;"><tr><td>7</td><td>1</td><td>3</td><td>0</td></tr></table>	7	1	3	0	<table border="1" style="display: inline-table;"><tr><td>1</td><td>7</td><td>0</td></tr></table>	1	7	0	Title UPDATE ON REIMBURSEMENT COVERAGE Provider STATE DIETETIC ASSOCIATION ANNUAL MEETING	# CPE Units*: <table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>.</td><td>0</td></tr></table> Date CPE activity completed: MO DAY YR <table border="1" style="display: inline-table;"><tr><td>0</td><td>9</td><td>1</td><td>0</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	0	1	.	0	0	9	1	0	2	0	0	8	REVISSED OUTPATIENT DATA COLLECTION FROM
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1	8	0																					
0	0	.	5																				
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Total CPEUs this side:

		1	.	5
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 * Do not round up from .5 Page:

0	3
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Revised 02/15/06

Learning Plan Evaluation Practitioner Example

Clinical Practitioner – John Smith

Goal(s)	Progress Made Toward Achieving Goal(s)
Maintain nutrition expertise for general medicine population	Maintained expertise for general medicine population.
Increase knowledge of outpatient self-management training	Increased client referrals in the outpatient setting by 7%. Improved outpatient counseling skills with improved clinical outcomes and customer satisfaction.
Learn about the structure of various health systems and the payment mechanisms	Understand the health care system my hospital joined and identified opportunity to expand nutrition services to the congestive heart failure rehabilitation patients at another facility in our system. Need a better understanding of capitation and its impact on providing nutrition services in the outpatient setting.
Obtain Certification as a Specialist in Renal Nutrition	Passed exam for CDR's Board Certification in Renal Nutrition.