

# Professional Self-Reflection Practitioner Example

## Individual Not Currently Employed – Mary Jones

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

Child nutrition, wellness, sports nutrition

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

Volunteer in community activities: speaking, develop budgets and keep books

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

Family demands, 3 small children

Public's increased interest in wellness, disease prevention and sports nutrition

**What areas of my profession do I enjoy?**

Public speaking, working with people to help them achieve a healthy lifestyle

**What are my current leadership responsibilities?**

Serving as treasurer of my philanthropic club

President of cooperative preschool group

**What do I want my future practice area to be?**

Sports nutrition and wellness

**What are my professional strengths?**

Work well with others

Get work done in a timely manner

Up-to-date on nutrition information

**What are my professional areas for improvement?**

Manage competing demands of family and future part-

time practice

Keep current on nutrition trends

Business skills for a consulting practice

**What are my current professional goals?**

**Short Term: (1 - 3 years)**

Stay abreast of current nutrition trends

Maximize time management

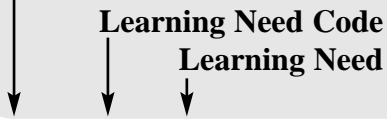
**Long Term: (3 - 5 years)**

Return to work consulting part-time in sports nutrition and wellness

Increase business skills to start a consulting business

# Learning Needs Assessment Practitioner Examples

**Learning Needs Supporting Your Goals**



**CPE Level:**

**Level 1**      **Level 2**      **Level 3**

**Individual Not Currently Employed – Mary Jones**

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
● 1020 Computer, electronic technology	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 1120 Time and stress management, life balance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
● 2050 Genetics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
● 2110 Physiology, exercise physiology	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 4000 Wellness and Public Health	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 4040 Disease prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
● 4060 Exercise, fitness, and sports nutrition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
● 5000 Medical Nutrition Therapy	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 7010 Business plan development	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
● 7040 Consultation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
● 7070 Entrepreneurship, private practice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
● 7120 Marketing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Example - Individual Not Currently Employed – Mary Jones**

You may enter your Learning Plan on the CDR website at [www.cdrnet.org](http://www.cdrnet.org)

Registration No:

		1	2	3	4	5	6
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Please print in capital letters using a black pen.

Last:

J	O	N	E	S												
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First Name:

M	A	R	Y													
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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:

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This is for my 5-year cycle starting:

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Daytime Telephone:

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Mail this form to CDR or enter this information on the CDR website at [www.cdrnet.org](http://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

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Other  
(See Guide for Code)

**Pre-approved Self-study**

- 700 Audio-based
- 710 Computer-based
- 720 Printed
- 730 Video-based
- 740 Web-based

- 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:

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Total # of Pages Submitted: 

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Enter this information online at [www.cdrnet.org](http://www.cdrnet.org) OR

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

Revised 10/24/07

**Example - Individual Not Currently Employed – Mary Jones**

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:

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Last Name:

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Goal #: 

0	1
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*Stay abreast of current nutrition trends*

<i>Disease Prevention</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>4</td><td>0</td><td>4</td><td>0</td></tr></table>	4	0	4	0	<i>Genetics</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>2</td><td>0</td><td>5</td><td>0</td></tr></table>	2	0	5	0	<i>Medical Nutrition Therapy</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>5</td><td>0</td><td>0</td><td>0</td></tr></table>	5	0	0	0	Print Learning Need Learning Need Code: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
4	0	4	0																
2	0	5	0																
5	0	0	0																

Goal #: 

0	2
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*Return to work part-time consulting in sports nutrition and wellness*

<i>Wellness &amp; Public Health</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	4	0	0	0	<i>Exercise, Fitness, Sports Nut.</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>4</td><td>0</td><td>6</td><td>0</td></tr></table>	4	0	6	0	<i>Physiology, Exercise</i> Print Learning Need Phys. Learning Need Code: <table border="1"><tr><td>2</td><td>1</td><td>1</td><td>0</td></tr></table>	2	1	1	0	Print Learning Need Learning Need Code: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
4	0	0	0																
4	0	6	0																
2	1	1	0																

Goal #: 

0	3
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*Increase business skills to start a consulting business*

<i>Business Plan Development</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>7</td><td>0</td><td>1</td><td>0</td></tr></table>	7	0	1	0	<i>Consultation</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>7</td><td>0</td><td>4</td><td>0</td></tr></table>	7	0	4	0	<i>Entrepreneurship</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>7</td><td>0</td><td>7</td><td>0</td></tr></table>	7	0	7	0	<i>Computer, Elec Technology</i> Print Learning Need Learning Need Code: <table border="1"><tr><td>1</td><td>0</td><td>2</td><td>0</td></tr></table>	1	0	2	0
7	0	1	0																
7	0	4	0																
7	0	7	0																
1	0	2	0																

Enter this information online at [www.cdrnet.org](http://www.cdrnet.org), OR

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or call CDR at 1-800-877-1600, ext. 5500.

Revised 10/24/07

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**STEP 4 - LEARNING ACTIVITIES LOG**

Registration Number  

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Last Name: 

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**CERTIFICATION STATEMENT**

*In addition to this Certification Statement.*

I am submitting 

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 log pages, including this page  
 totaling 

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 CPEUs\*

Daytime Telephone:  

9	9	9	9	8	7	6	5	4	3
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: Mary Jones

Print Name: Mary Jones

Date Step 4 -Learning Activities Log Submitted:  

0	1	/	0	2	/	1	2
MO			DAY			YR	

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When you have 75 CPEUs (50 for DTRs) ENTER this information online at [WWW.CDRNET.ORG](http://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@cdtright.org](mailto:redesign@cdtright.org)

Please print in capital letters using a black pen:

Registration No: 

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 Last Name: 

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 RD or  DTR

First Name: 

M	A	R	Y																	
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**STEP 4 - LEARNING ACTIVITIES LOG**

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"><tr><td>4</td><td>0</td><td>6</td><td>0</td></tr></table>	4	0	6	0	<table border="1"><tr><td>7</td><td>4</td><td>0</td></tr></table>	7	4	0	Title <i>Encyclopedia of Sports &amp; Fitness Nutrition</i> Provider <i>www.nomedix.com</i>	# CPE Units*: <table border="1"><tr><td>1</td><td>2</td><td>.</td><td>0</td></tr></table> Date CPE activity completed: MO DAY YR <table border="1"><tr><td>0</td><td>2</td><td>2</td><td>8</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	1	2	.	0	0	2	2	8	2	0	0	9	<i>Developed presentation on sports nutrition for local health clubs</i>
4	0	6	0																				
7	4	0																					
1	2	.	0																				
0	2	2	8	2	0	0	9																
<table border="1"><tr><td>7</td><td>0</td><td>7</td><td>0</td></tr></table>	7	0	7	0	<table border="1"><tr><td>1</td><td>0</td><td>0</td></tr></table>	1	0	0	Title <i>Establishing a Private Practice</i> <i>BUS 503 - 3 Semester Credits</i> Provider <i>Angiature University</i>	# CPE Units*: <table border="1"><tr><td>4</td><td>5</td><td>.</td><td>0</td></tr></table> Date CPE activity completed: MO DAY YR <table border="1"><tr><td>1</td><td>2</td><td>1</td><td>9</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	4	5	.	0	1	2	1	9	2	0	1	0	<i>Will use a variety of skills and knowledge in marketing, budgeting and business in order to start my own consulting business</i>
7	0	7	0																				
1	0	0																					
4	5	.	0																				
1	2	1	9	2	0	1	0																

Total CPEUs this side: 

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 \* Do not round up from .5 Page: 

0	3
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## Learning Plan Evaluation Practitioner Examples

### Individual Not Currently Employed – Mary Jones

#### Goal(s)

#### Progress Made Toward Achieving Goal(s)

Stay abreast of current nutrition trends

Through speaking and professional writing, I established a business opportunity with an exercise physiologist.

Maximize time management

I continue to struggle with meeting the demands of a family and work, and I believe this is an ongoing need.

Return to work part-time consulting in sports nutrition and wellness

I am working 2 days per week with an exercise physiologist counseling individuals on sports nutrition and wellness.

Increase business skills to start a consulting business

Established a consulting business.