

Practice Improvement Record

Personal Information

Regulated member's name: _____

Supplement to application dated: _____

Practice Improvement Record Reg
Year: _____

1. What Self-Selected Activity did you do and why?

In your response include, at a minimum: (a) name of activity, (b) description of activity, (c) date(s) of activity, (d) reason for choosing the activity, (e) how it fits with your practice (current and future)

2. What did you learn and how did you grow professionally?

*In your response include, at a minimum, specific details on: (a) what you learned, (b) how your personal competence improved, (c) how what you learned benefited patients or the physiotherapy/health care system, (d) name and source of two resources used for this activity to show you used current information to improve your practice. In drafting your response, consider the [additional guiding questions](#).**



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3. Looking back, which Standard of Practice or Ethical Conduct Responsibility was addressed by participating in this activity?

- Advertising Client Assessment, diagnosis, intentions Client-centered care
- Code: responsibilities to client Code: responsibilities to public Code: responsibilities to self and profession
- Collaborative practice Communication Competence Conflict of interest Consent
- Documentation and record keeping Dual registration Evidence-informed practice Fees and billing
- Infection control Legislative responsibilities Performance of restricted activities Privacy/confidentiality
- Professional boundaries Quality improvement Risk management Safety
- Sexual abuse and sexual misconduct Supervision Use of title

4. Evidence of participation (optional)

If applicable, include evidence of participation with this report.