

**CONTINUED COMPETENCY ACTIVITIES LOG - Year 2009**

Name: \_\_\_\_\_ Registration No. \_\_\_\_\_ Date: \_\_\_\_\_

*Print clearly or type*

<b>A. DIRECT PARTICIPATORY, FORMAL PROGRAMS (MINIMUM OF 12 HOURS PER YEAR)</b>					
<b>ACTIVITY</b>	<b>FULL NAME OF WORKSHOP/COURSE/ CONFERENCE</b>	<b>FULL NAME OF SPONSOR</b>	<b>DATE</b>	<b>NO. OF HOURS</b>	
<b>Formal Conferences or Workshops</b> <i>IN PERSON or ON-LINE</i>  <b>Modal Activity:</b> Annual meeting of professional associations of psychology or sponsored learning institutes. Typically the event is planned in advance; speakers have professional credentials in mental health, health, or industrial/ organizational behaviour; printed documentation is provided; usually a registration fee is charged. The activity must be within the framework of the definition of psychology as per the <i>Psychologists Regulation</i> .					
<b>ACTIVITY</b>	<b>NAME OF WORKSHOP/COURSE/ CONFERENCE</b>	<b>FULL NAME OF SPONSOR</b>	<b>SPONSORED? (Y/N*)</b>	<b>DATE</b>	<b>NO. OF HOURS</b>
<b>On-Line Courses</b>  <b>Modal Activity:</b> The course is sponsored by CPA/APA, or another professional accrediting body in the area of specialization (e.g. I/O). The activity must be within the framework of the definition of psychology as per the <i>Psychologists Regulation</i> .  <i>*if not sponsored please include statement explaining relevance to your practice as a registrant.</i>					
<b>TOTAL HOURS FOR SECTION A</b>					

**B. SELF STUDY (MINIMUM OF 11 HOURS PER YEAR)**

ACTIVITY	FULL NAME OF MATERIAL READ (E.G., JOURNAL, BOOK, ON-LINE RESEARCH, ON-LINE COURSE)	DATE	NO. OF HOURS
<p><b>Reading</b></p> <p><b>Modal Activity:</b> Reading academic journals, reviewing the Code of Conduct, Practice Advisories and other College publications. Non-CPA/APA on-line courses are eligible. Preparation for presentations or workshops given can be included in this category if the registrant learned something new and practice enhancing.</p>			

**METHOD**

<p><b>Review of Practice</b></p> <p><b>Modal Activity:</b> Review of one's practice of psychology with knowledge of the above documents to identify any areas in need of improvement.</p>			

**TOTAL HOURS FOR SECTION B**

**C. STRUCTURED INTERACTIVE ACTIVITIES (MINIMUM OF 12 HOURS PER YEAR)**

ACTIVITY	TOPIC OF DISCUSSION	WITH LICENSED HEALTH PRACTITIONER? (Y/N)	DATE	NO. OF HOURS
<p><b>Routine Consultation with Peers</b></p> <p><b>Modal Activity:</b> Regularly scheduled or routine consultations with peers (colleagues who are licensed professionals in mental health, health, or industrial/organizational behaviour). For example, peer consultation and/or case conferences are acceptable, whereas staff meetings where the focus is on administrative issues are not acceptable. If in a discussion group, provide names of group members.</p> <p><b>Structured Interactive Activities do not include:</b></p> <ul style="list-style-type: none"> <li>supervision, presentations or workshops you provide, where the intent is to provide information or guidance to others.</li> </ul>				

**TOTAL HOURS FOR SECTION C**

**D. ETHICS (MINIMUM OF 5 HOURS PER YEAR)**

ACTIVITY	CATEGORY	DESCRIPTION	DATE	NO. OF HOURS
Describe which of the above activities satisfy the minimum requirement for 5 hours per year explicitly on ethics. Registrant cannot request a reduction in required ethics hours				

**TOTAL HOURS FOR SECTION D**

**TOTAL CONTINUING COMPETENCY HOURS (TOTAL A + B + C)**

*Are you banking Category A Hours for next year? Remember to indicate hours banked on your Continuing Competency renewal declaration.*