

## Dental Hygienist Quality Assurance Program Reflection Template Form

This form is designed to assist the registrant in articulating relevancy and applicability for completed learning activities. This form will support the registrant in defining the application of learning along with describing how the knowledge gained will enhance and be applied to one's dental hygiene practice setting. This form should be retained with all continuing competency information in the event of a random Quality Assurance Program audit.

Registrant Name:	Registration #:
Brief Description of Activity:	
Share how the learning applies to your dental hygiene practice, and identify a Learning Goal for this activity:	
Briefly describe a few key points taken away from this learning activity. (250-500 words max)	
Describe how this learning has been or will be applied to enhance your practice. (250-500 words max)	
Projected timeline:	
<b>Start Date:</b>	<b>Completion Date:</b>
I declare that the information provided in this form is complete and truthful and represents the learning activities as outlined.	
<b>Registrant Signature:</b>	<b>Date:</b>