

## BCCOHP Quality Assurance Program Reflection Template Form

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

Registrant/CDA Name:	Registration/Certification #:
Brief Description of Activity:	
Share how the learning applies to your practice of dentistry.	
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)	
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.	
Registrant/CDA Signature:	Date: