



PHARMACISTS COUNCIL OF ZIMBABWE

PERSONAL LEARNING RECORD

Name: _____ Reg. N: _____ Practising Year: _____

PROGRAM INFORMATION:

Program/Course/Lecture/Seminar : _____

Presenter/Speaker _____ Date: _____

Location: _____ Organiser/Sponsor: _____

Accredited by: _____ CPD Points: _____

PRACTICE ISSUE:

What is your learning objective for attending this CPD programme?

COURSE EVALUATION

- An eye opener
- A waste of time.
- Informative

REFLECTION NOTES:

How do you plan to use your new knowledge/skills in your practice, and what additional learning do you need.

PRACTITIONER (PARTICIPANT)'S SIGNATURE.....DATE.....

SPONSOR/ ORGANIZER SIGNATURE.....DATE.....

For Official Use Only

Date Received _____ CPD Activity Verified by _____

Designation _____ CPD Points Captured by _____