



## Quality Assurance Program Reflection Template Form

This form is designed to assist the registrant in articulating relevancy and applicability for courses taken. As well this form will support the registrant in defining the dental hygiene application along with describing how the knowledge gained will enhance and be applied in his/her dental hygiene practice setting. This form should be retained with all continuing competency information in the case of a random continuing competency audit.

Registrant Name:	Registration #:
Brief Description of Activity:	
Consider the relevance of this learning activity to your dental hygiene practice, and identify a Learning Goal for this activity:	
Briefly describe key points taken away from this learning activity. <b>(250-500 words max)</b>	
Describe your thoughts about what you learned, and how this learning has been or will be applied to enhance your practice. <b>(250-500 words max)</b>	
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>