



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario



SUMMARY OF PROFESSIONAL DEVELOPMENT PROFILE

Submit your SPDP by email to:
qa@cdto.ca

Name: _____

Member Number: _____

Cycle Year: _____ to _____

NAME : _____

LEARNING GOALS THAT I HAVE SET FOR MY OWN PROFESSIONAL DEVELOPMENT AS AN RDT

To complete this section, please list the goals you set in your annual **Self-Assessment Tool, Part 3** [Section I of your **Professional Development Profile**].

1.
2.
3.
4.
5.
6.
7.
8.
9.

NAME : _____

ACTIVITIES THAT I HAVE UNDERTAKEN TO ACHIEVE MY GOALS

To complete this section, please cite information from **Section II** of your **Professional Development Profile** [the **Records of PD Activity Forms**].
If you need additional space please download the 'Additional Form' PDF from the CDTO website.

DETAILS of ACTIVITIES UNDERTAKEN						OUTCOME of ACTIVITIES	
DATE MM/DD/YY	TITLE of Course/Seminar/Journal/Video etc.	NAME(s) of Key Speaker(s)	ACTIVITY TYPE (Refer to attached Credit Point System document)	LENGTH (hours)	CREDIT POINTS (Refer to attached Credit Point System)	MY GOAL (s) from page 1 that this activity supported:	IMPACT on my practice (use key below* & rate 1, 2, or 3)
						#	#
						#	#
						#	#
						#	#
						#	#
						#	#
						#	#

Key for Impact on Practice:

1 Acquired new information that improved my practice. **2** Gained new knowledge/skill that may change my practice in future. **3** Reaffirmed that my knowledge/skill level meets standards

NAME : _____

DETAILS of ACTIVITIES UNDERTAKEN (Continued)						OUTCOME of ACTIVITIES	
DATE COMPLETED MM/DD/YY	TITLE of course/seminar/journal/video etc.	NAME(s) of Key Speaker(s)	ACTIVITY TYPE (Refer to attached Credit Point System document)	LENGTH (hours)	CREDIT POINTS (Refer to attached Credit Point System)	MY GOAL (s) from page 1 that this activity supported:	IMPACT on my practice (use key below* & rate 1, 2, or 3)
						#	#
						#	#
						#	#
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NAME : _____

DETAILS of ACTIVITIES UNDERTAKEN (Continued)						OUTCOME of ACTIVITIES	
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DETAILS of ACTIVITIES UNDERTAKEN (Continued)						OUTCOME of ACTIVITIES	
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						#	#
						#	#
						#	#
						#	#
						#	#
TOTAL CREDITS CLAIMED (minimum 90 credits required; see attached credit-point guide for values, maximum points per activity, etc.)							

Declaration: I, _____, RDT, Registration No. _____, solemnly declare that the information provided in this form is true. Through my participation in the Quality Assurance Program, I confirm that I maintain a professional development profile and participate in professional development activities. I perform to the Standards of Practice and the Laboratory Supervision Guidelines established and published by the College of Dental Technologists of Ontario.

Signed this _____ of _____, _____
DAY MONTH YEAR

Signature _____