



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

College of Dental Technologists of Ontario  
305 Milner Avenue, Suite 904  
Scarborough, ON M1B 3V4  
Tel: (416) 438-5003 Fax: (416) 438-5004

## SUMMARY OF PROFESSIONAL DEVELOPMENT PROFILE

---

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 )
						#	#
						#	#
						#	#
						#	#
						#	#
						#	#
						#	#
						#	#
						#	#

**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)	LENGT H (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 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 )
						#	#
						#	#
						#	#
						#	#
						#	#
<b>TOTAL CREDITS CLAIMED</b> (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 \_\_\_\_\_