



COMPETENCY SUPPORT REPORT (CSR)

Fiscal Year: December 1st, _____ to November 30th, _____.

Please report your competency information online, or submit this form via email, fax or mail:

1. Personal Practice Focus (PPF)

- a) I had a Personal Practice Focus (PPF) in place for the past fiscal year Yes / No
- b) My PPF has been prepared, updated or confirmed within the past
3 fiscal years and since my last significant job change Yes / No

2. Learning Plan (LP)

- a) I had a Learning Plan (LP) in place for the past fiscal year Yes / No
- b) My LP has been prepared, updated or confirmed within the past
3 fiscal years and since my last significant job change Yes / No
- c) Over the past fiscal year, the goals in my Learning Plan
- i. have been met
 - ii. are progressing as planned
 - iii. **have not been fully met due to...**
- _____
- _____

- 3. Record Retention:** I have copies of these documents on file for possible Peer Review or Audit along with my current and previous PPF and LP. Yes / No

4. Continuing Education:

During the past fiscal year, I completed _____ hours of relevant Continuing Education.

5. Professionalism and Ethics:

- I have reviewed the OPFA Code of Ethics in the past year (Reg. Part I) Yes / No
- I have reviewed the OPFA Acts of Misconduct in the past year (Reg. Part II) Yes / No
- I have reviewed the OPFA Standards of Practice (By-law 13.4) Yes / No
- I am familiar with approved OPFA Practice Guidance and Practice Bulletins Yes / No

Date of last Peer Review (optional): _____

Associate Members Only: I have reviewed my approved Scope of Practice, and confirm that I continue to only work within it. Yes / No

I certify that information contained in this Competency Support Report is accurate, complete and true:

OPFA SEAL

Name (Print): _____

Signature: _____

Member number: _____ Date: _____

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