

**CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM**

*Please photocopy this original form to record your learning activities.*

*The completed forms and all documentation must be maintained for a period of 6 years.*

PART A: ACTIVITY		PART B: ASSESSMENT (Optional for renewal of license)	# OF HOURS/TYPE		PART C: OUTCOME (Optional for renewal)
<b>Learning Activity, Resources, Strategies &amp; Experiences;</b> e.g. Conferences, consultations, teaching, peer-reviewed journals, grand rounds, quality improvement teams, self-instructional material	<b>Date</b>	<b>Knowledge or Skills You Maintained or Developed.</b> What questions or problems, encountered in your practice were addressed by this learning activity?	<b>Type 1 (at least 30 hours)</b>  Min. of 15 hrs of peer interaction	<b>Type 2 (no more than 30 hours)</b>  Learner approved	<b>Outcome:</b> Indicate whether you will: a) make a change in your practice, b) not make a change I your practice, and/or c) need additional information on this topic.

**CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM: SUMMARY AND VERIFICATION**

*This page should be completed at the end of your two-year renewal cycle and inserted as the final page of your CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM.*

Record at least 60 hours of continuing learning activities you completed during the preceding two-year period of professional license. Recorded hours should indicate 30 hours of Type 1 activities approved for credit by an accredited sponsor or organization sanctioned by the profession to designate learning activities for credit or other value, with a least 15 hours of face-to-face interaction with peers or interactive courses. The other 30 hours may be Type 2 Educational activities you consider to be beneficial to your career development that may or may not be approved for credit by an accredited sponsor or organization sanctioned by the profession. All 60 hours may be obtained in Type I activities or courses. The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and all documentation should be maintained in your records for six years.

As you consider your CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM, please reflect upon your practice and in the space below identify problems or questions you expect to address during the next biennial period of medical license renewal:

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As required by law and regulation, I certify that I have completed the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and have participated in 60 hours of continuing medical education or learning activities as required for renewal of licensure in the Commonwealth of Virginia.

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Signature

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Date