

License No.

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Last:

First Name:

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Middle Initial:

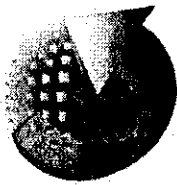
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This is for my 5-year cycle starting:

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Daytime Telephone:

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Professional Development Portfolio

Mail this form to: **Ohio Board of Dietetics, 77 S. High Street, 18th FL, Columbus, OH 43215-6119.**

Keep a copy for your records for 1 year beyond the end of your recertification cycle.

APPROVED TYPES OF CONTINUING PROFESSIONAL EDUCATION (CPE) ACTIVITIES:

Darken circles corresponding to the types of activities you plan to use to meet your learning needs. You may use any of these, even if you do not select them at this time. A summary of this information will be shared with CPE providers.

- 100 Academic Coursework
- 110 Case Presentations
- 120 Certificate Program
- 130 Exhibits
- 140 Experiential Skill Development
- 150 Interactive Workshops
- 160 Journal Clubs
- 170 Lectures, Seminars
- 180 Posters
- 190 Professional Leadership
- 200 Professional Reading
- 205 Research
- 210 Residency & Fellowship Programs
- 220 Sponsored Independent Learning
- 230 Study Groups
- 335 CDR -CSG
- 337 CDR -CSO
- 340 CDR -CSP
- 380 CDR -CSR
- 385 CDR -CSSD
- Other (See Guide for Code)

Certification

Pre-approved Self-study

- 700 Audio-based
- 710 Computer-based
- 720 Printed
- 730 Video-based
- 740 Web-based

-In this step you develop a Learning Plan to meet your goals.

--Use the goals from the Professional Self-Reflection Worksheet, and the Learning Need Codes from the Learning Needs Assessment Worksheet to finish this form.

-It is recommended that you submit this Learning Plan to OBD at the beginning of your recertification cycle.

--However, you must complete and submit this form to OBD no later than 120 days after the first CPE learning activity rerecorded on your log in this recertification cycle, and no later than June 30 of the 1st year in your recertification cycle (06/30/2014)

-You must have a Learning Plan verified by OBD to receive credit for your CPE activities.

--You will probably list more, but you must indicate at least one goal and at least one learning need on your Learning Plan.

1. Record your goal number in the box provided, and your goal on the line provided.
2. Print learning needs that will support that goal on the lines provided.
3. For each learning need, print the Learning Need Code in the boxes provided with a black pen.

Date of this Submission:

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Total # of Pages Submitted:

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Page:

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Mail this original form to: **Ohio Board of Dietetics, 77 S. High Street, 18th FL, Columbus, OH 43215-6119**

Make additional copies of this side if needed. Complete license number and last name for each side completed.
Provide Learning Need Codes supporting each goal in spaces below, using black pen.

STEP 3 - LEARNING PLAN

License No.

Last Name:

Goal #:

<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
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Goal #:

<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
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Goal #:

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Make additional copies of this side if needed. Complete license number and last name for each side completed. Provide Learning Need Codes supporting each goal in spaces below, using black pen.

License No.

Last Name:

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Goal #:

STEP 3 - LEARNING PLAN

<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Print Learning Need Learning Need Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
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Provide Learning Need Codes supporting each goal in spaces below, using black pen.

License No.

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Last Name:

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STEP 3 - LEARNING PLAN

Goal #:

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STEP 4 - LEARNING ACTIVITIES LOG



License Number

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Last Name:

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CERTIFICATION STATEMENT

In addition to this Certification Statement,

I am submitting

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log pages, including this page

totaling

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*CPEUs**

Daytime Telephone:

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Phone Number

Area Code

*Please Note:

Total must be at least 75 CPEUs

Use only whole numbers (Round up from .5 to nearest value).

I certify that the information provided here and in subsequent documentation is true, correct and accurate to the best of my knowledge. I understand that I must maintain a copy of my recertification forms and any required documentation for a period of two years beyond the end of my recertification cycle, and that audits of the information I provide and any subsequent documentation I provide may be conducted on a random and triggered basis. OBD has the right to verify the information presented.

Signature: _____

Print Name: _____

Date Step 4 - Learning Activities Log Submitted:

MO	DAY	/					YR