

COLLEGE OF DIETITIANS OF BRITISH COLUMBIA

Name of applicant: _____

Date: _____

Updated: _____

SELF DIRECTED LEARNING PLAN			
Areas for Study or Review <small>(identified by CSA/ CSV /Applicant)</small>	Resources Identified <small>(identified from Resource List/ CDBC staff/ Applicant)</small>	Learning Activities <small>(Activities identified by Applicant to address competencies/ performance indicators not met/ not verified)</small>	Date of completion
Professional Practice			
Communication and Collaboration			
Nutrition Care			
Population and Public Health			
Management			