The College of Naturopaths of Ontario

PEER AND PRACTICE ASSESSMENT PROGRAM

<u>Professional Portfolio Review Worksheet</u>

Please complete this form as it relates to the self-assessment, continuing education and professional development, and peer and practice assessment (if applicable) documents in your professional portfolio. Indicate if, in your opinion, the criteria are met (yes or no). If documents are missing, please explain why. The information you provide on this form will be provided to your assessor prior to your peer and practice assessment. During the peer and practice assessment, your assessor will go over your comments with you to discuss what has been done well and what areas need improvement.

Please ensure that you have your professional portfolio readily available and accessible during your assessment as the assessor may ask to see various components of the portfolio.

Registrant's name:		
1. Self-Assessment		
The self-assessment documents include the following:		
	Yes	No
a. Letter of completion of the online self-assessments (required from 2020 to present)	☐	☐
b. Learning goals that are updated and modified on an annual basis	☐	☐
Registrant's Comments		

2. Continuing Education and Professional Development (CE and PD)

Continuing education and professional development documents include the following:

	Yes	No
a. Ongoing tracking of CE and PD activities (CE logs – Category A, Category B, and IVIT (where applicable))	☐	☐
b. Proof of attendance/completion of CE and PD activities	☐	☐
c. The CE and PD activities align with the learning goals	☐	☐
d. Documents from the current and previous reporting cycles	☐	☐

Registrant's Comments

3. Peer and Practice Assessment

All Registrants who have previously completed a peer and practice assessment are required to have the following documents:

	Yes	No
a. Assessor's Report	☐	☐
b. Quality Assurance Committee's peer and practice decision letter(s)	☐	☐
c. Submission(s) provided to the QA Committee (if applicable)	☐	☐
d. Documentation to support ways of addressing identified areas of improvement (if applicable)	☐	☐

Registrant's Comments