



PROFESSIONAL PORTFOLIO

PART 1: PROFESSIONAL PROFILE / CURRICULUM VITAE

PERSONAL DATA

Name: _____

CCO Registration #: _____

Address: _____

EDUCATION

Post Secondary / Academic Degree(s)

Year Granted	University / College	Degree / Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certificates

Year of Initial Certification	Certifying Body	Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION (CONT.)

Specialties / Fellowships

Fellowship obtained (please check all that apply)	Year Completed
<input type="checkbox"/> FCCS(C) – Fellow of the College of Chiropractic Sciences (Canada)	_____
<input type="checkbox"/> FCCR(C) – Fellow of the Chiropractic College of Radiologists (Canada)	_____
<input type="checkbox"/> FCCSS(C) – Fellow of the College of Chiropractic Sports Sciences (Canada)	_____
<input type="checkbox"/> FCCO(C) – Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)	_____
<input type="checkbox"/> FCCRS(C) – Fellow of the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (Canada)	_____

PROFESSIONAL HISTORY

Practice History and Description

Date (m/y)	Type of Practice (include location) (e.g., solo/private practice, multi DC, multi disciplinary, etc.)	Role (e.g., sole proprietor, associate, locum, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIP & SERVICE

Names of professional organizations in which you hold current membership and services/activities provided, including positions held (if applicable).

Date (m/y)	Name of Professional Organization	Service/Activity Provided or Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER WORK: SERVICE TO PROFESSION AND COMMUNITY

Date (m/y)	Name of Organization	Description of Volunteer Work Provided
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS/RECOGNITION

Year Awarded	Awarding Body	Award
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES (OPTIONAL)

You may wish to attach a separate sheet.

PART 2: SELF ASSESSMENT PLAN OF ACTION SUMMARY SHEET

File the Plan of Action Summary Sheets from the Self Assessment Questionnaire in your professional portfolio.

PART 3: CONTINUING EDUCATION & PROFESSIONAL DEVELOPMENT

Name _____ CCO Registration Number _____

STRUCTURED ACTIVITIES (20 HOURS MINIMUM)

Activity Codes	Learning Objectives Codes	Outcome Codes
1. Courses, seminars, workshops, presentations, conferences 2. Interactive Internet courses, seminars, workshops, conferences, webinars 3. Correspondence courses 4. Clinical rounds 5. Computer assisted learning	I am participating in this activity based on the following: 1. results of my self assessment 2. results of my peer and practice assessment 3. professional or personal interest 4. adding to a strength or changing my practice	1. I plan to introduce what I have learned in my practice. 2. I plan to pursue additional information. 3. Findings reaffirm my knowledge/no change needed in my practice. 4. I plan to pursue a different course of action.

Date (m/y)	Activity Code	Learning Objective Code	Description of Activity	Provider/Source	Total Hours	Outcome Code

Structured Activities (20 hours minimum)

Date (m/y)	Activity Code	Learning Objective Code	Description of Activity	Provider / Source	Total Hours	Outcome Code

Photocopy and add pages as required.

UNSTRUCTURED ACTIVITIES (20 HOURS MAXIMUM)

Activity Codes	Learning Objectives Codes	Outcome Codes
<ol style="list-style-type: none"> 1. Professional books, journals, articles, research papers 2. Professional audio/video, Internet material 3. CCO regulations, standards of practice, policies, guidelines, other CCO material 4. Professional presentations 5. Professional publications 6. Other 	<p>I am participating in this activity based on the following:</p> <ol style="list-style-type: none"> 1. results of my self assessment 2. results of my peer and practice assessment 3. professional or personal interest 4. adding to a strength or changing my practice 	<ol style="list-style-type: none"> 1. I plan to introduce what I have learned in my practice. 2. I plan to pursue additional information. 3. Findings reaffirm my knowledge/no change needed in my practice. 4. I plan to pursue a different course of action.

Date (m/y)	Activity Code	Learning Objective Code	Description of Activity	Provider / Source	Total Hours	Outcome Code

Unstructured Activities (20 hours maximum)

Date (m/y)	Activity Code	Learning Objective Code	Description of Activity	Provider / Source	Total Hours	Outcome Code

Photocopy and add pages as required.

PART 4: ACCOMPANYING FOLDER

Please maintain the following items in your professional portfolio:

- materials you have gathered while fulfilling your CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.);
- samples of recent advertisements; and
- the disposition report following your peer and practice assessment.

Please retain these materials for a minimum of two CE cycles (or four years); that is, the current cycle and the immediate preceding cycle, or until they have been peer assessed.

Your peer assessor will review your professional portfolio when you are selected to be peer assessed. In addition, the QA Committee may ask members to submit their professional portfolios for review.

You may wish to document the material gathered in the space below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Photocopy and add pages as required.