



## Iowa Board of Pharmacy Learning Statement

Title / Description of activity: \_\_\_\_\_

Date of activity completion: \_\_\_\_\_ Time engaged in learning: \_\_\_\_\_

Drug Therapy     
  Pharmacy Law     
  Patient Safety     
  Other Pharmacy Practice

ACPE UAN (if accredited): \_\_\_\_\_

SMART Learning Objective(s): <i>(Specific, Measurable, Achievable, Relevant, Timed)</i>	<input type="checkbox"/> <b>Met</b> <input type="checkbox"/> <b>Partially Met</b> <input type="checkbox"/> <b>Unmet</b>
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If your learning needs were not met, what more do you want/need to learn?

As a result of this activity how would you describe your learning? 1. Negligible 2. Minor 3. Moderate 4. Major 5. Substantial	As a result of this learning what will be the benefit to your practice? 1. Negligible 2. Minor 3. Moderate 4. Major 5. Substantial
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What do you plan on doing in your practice as a result of this learning?

On a scale of 1-5, rate your level of commitment to implementing what you learned. (1 is minimal, 5 is max)

1                                  2                                  3                                  4                                  5