



Certified
Safe Patient
Handling
Professionals™

Self-Directed Learning Form

Name: _____

Date: _____

Date Read	Reference
Describe How This Article Has Impacted Your Practice Area*	

Describe How This Article Has Impacted Your Practice Area*
(Continued)

***Applicant and certificant submissions should be a minimum of 300 words in length.**

Hours Spent: _____

Signature: _____