



*Nova Scotia College of Respiratory Therapists*

**Audit Assessment Criteria Rubric (AACR) – Audit Scoring Sheet**  
**(updated June 2023)**

<b>Member Name:</b>			<b>Member #:</b>	
<b>PROFESSIONAL PORTFOLIO REVIEW DATE</b>	<b>ON TIME</b>	<b>EXCUSED LATE</b>	<b>LATE</b>	<b>MEMBER TO BE AUDITED NEXT YEAR</b>

<b>CURRENCY HOURS VERIFIED</b>	<b>YES</b>	<b>NO</b>

<b>E-LEARNING MODULE COMPLETE</b>	<b>YES</b>	<b>NO</b>

<b>E-VOLVE SELF ASSESSMENT TOOL</b>	<b>YES</b>	<b>NO</b>
Self-assessment Tool completed with renewal		
Learning objectives identified (minimum of 2)		

<b>PROFILE AND LEARNING LOG</b>	<b>YES</b>	<b>NO</b>
Learning objectives directly related to practice or anticipation of a change in practice.		



## Nova Scotia College of Respiratory Therapists

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Learning activity/CEC resources identified and <b><u>DIRECTLY RELATE</u></b> to each objective		
Resource completion date identified and within audit year		
Profile current and complete		

SELF REFLECTION	YES	NO
Self-Reflection completed		
Self-Reflection related to objectives chosen, learning activities used, and learning plan		
Self-reflection demonstrates incorporation into registrant's day to day practice		

**Notes:**

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PORTFOLIO SUBMISSION COMPLIANT	YES	YES, WITH CAUTIONS/CONDITIONS (SEE NOTES SECTION)	NO

PORTFOLIO REFERRED TO CREDENTIALS COMMITTEE (NON-COMPLIANT)	Date

Assessor's signature \_\_\_\_\_

Date: \_\_\_\_\_

Assessor's signature \_\_\_\_\_



## *Nova Scotia College of Respiratory Therapists*

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Date: \_\_\_\_\_

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### REMEDIATION PLAN FOR REGISTRANT

REMEDIATION PLAN	YES	NO
Communication with Member: Date -		
Remediation Plan discussed and agreed upon		
Target date for completion: Date -		
Remediation plan successful and submission deemed compliant		

REMEDIATION UNSUCCESSFUL	YES	NO
Communication with Registrant: Date		
Member's Portfolio and Audit submission file referred to Complaints Committee		

Assessor's signature \_\_\_\_\_

Date: \_\_\_\_\_