



# Augusta Health Registered Nurse Professional Development Program

## Supporting Documentation Log

**\*\*One Category per Sheet\*\***

- Transformational Leaders
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Date	Time (Total Hours)	Activity or Event Name	Name of student / new team member	Activity description / Topics discussed	Validation Signature* (see pg. 2)
3/24/21	11	Capstone	Brett Hostetter	Stemi	
3/29/21	12.5	Capstone	Brett Hostetter	IV insertion	
3/30/21	12.5	Capstone	Brett Hostetter	Stroke	
4/2/21	6	Capstone	Brett Hostetter	med admin	
4/6/21	12	Capstone	Brett Hostetter	CP protocols	
4/7/21	12	Capstone	Brett Hostetter	Neuro pts	
4/12/21	12	Capstone	Brett Hostetter	conscious sedation	
4/13/21	12	Capstone	Brett Hostetter	pediatrics	
4/16/21	12	Capstone	Brett Hostetter	Assessment	
4/17/21	12	Capstone	Brett Hostetter	Respiratory	
4/18/21	6	Capstone	Brett Hostetter	Codes	


Clinician Name: Anna Mikolaj Date: 10/17/21

Clinician Signature: Anna Mikolaj Date: 10/17/21


## VALIDATION SIGNATURE PAGE

*\*Validation signatures must be someone in leadership role or in attendance at the activity/event to verify your involvement in the stated hours on the Supporting Documentation Log*

Activity / Event Name: CAPSTONE Date: 03/2021-04/2021

Validation Signature:  Date: 10/18/21

Activity / Event Name: SKILLS DAY INSTRUCTOR Date: 04/2021

Validation Signature:  Date: 10/18/21


Activity / Event Name: PRECEPTING X 2 Date: MAY 2021, AUG 2021

Validation Signature:  Date: 10/18/21

Activity / Event Name: SECONDARY PRECEPT X 2 Date: DEC 2020, MAR 2021

Validation Signature:  Date: 10/18/21

Activity / Event Name: ED SKILLS DAYS Date: APR 2021

Validation Signature:  Date: 10/18/21

Activity / Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Validation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity / Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Validation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity / Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Validation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity / Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Validation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity / Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Validation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Each activity from log on pg. 1 should have a corresponding signature for validation**