



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)
4/4/21	12 hrs	Precept AH TM	K. Allen	Unit orient	
4/9/21	12 hrs	Precept AH TM	K. Allen	med Pass	
4/13/21	12 hrs	Precept AH TM	K. Allen	med Pass	
4/14/21	12 hrs	Precept AH TM	K. Allen	Policies	
4/18/21	12 hrs	Precept AH TM	K. Allen	Communication & Assessments	
4/17/21	12 hrs	Precept AH TM	K. Allen	Policies	
4/20/21	12 hrs	Precept AH TM	K. Allen	Care x 4 Pts	
4/22/21	12 hrs	Precept AH TM	K. Allen	Care x 6 Pts	

Clinician Name: Matthew Mullin RN Date: 10/25/21

Clinician Signature: M Mullin RN Date: 10/25/21



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)
8/25/21	12 hrs	Secondary Prec.	T. Tyree	Med Pass/Polices	
8/26/21	12 hrs	Secondary Prec.	T. Tyree	Med Pass/Foley's	
8/27/21	12 hrs	Secondary Prec.	T. Tyree	Documentation	
8/30/21	12 hrs	Secondary Prec.	K. Houff	Drains/insulin	
9/7/21	12 hrs	Secondary Prec.	J. Abercrombie	Documentation	
9/13/21	12 hrs	Secondary Prec.	J. Abercrombie	Documentation	
9/16/21	12 hrs	Secondary Prec.	J. Abercrombie	Co-Patients	

Clinician Name: Matthew Mullin RN Date: 10/25/21

Clinician Signature: Matthew Mullin RN Date: 10/25/21

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: Precept K. Allen Date: 10/25/21

Validation Signature: Bethany Moler, RN Date: 10/25/21

Activity / Event Name: Secondary Precept Date: 10/25/21

Validation Signature: Bethany Moler, RN Date: 10/25/21

Activity / Event Name: Unit Council Chair Date: 10/25/21

Validation Signature: Bethany Moler, RN Date: 10/25/21

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: _____

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**



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)
01/2021	1 1/2 hrs	Unit Council Chair			
02/2021	1 1/2 hrs	Unit Council Chair			
03/2021	1 1/2 hrs	Unit Council Chair			
04/2021	1 1/2 hrs	Unit Council Chair			
05/2021	1 1/2 hrs	Unit Council Chair			
10/2020	1 1/2 hrs	Unit Council Chair			
11/2020	1 1/2 hrs	Unit Council Chair			
12/2020	1 1/2 hrs	Unit Council Chair			

Clinician Name: Matthew Mullin RN Date: 10/25/21

Clinician Signature: Matthew Mullin RN Date: 10/25/21



**Augusta Health
Registered Nurse
Professional Development Program**

**Roadmap Supporting
Documentation Template**

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

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

Description/Details of Activity:

Unit Council Chair & Vice Chair

Dates of Meetings/Involvement:

Monthly Meetings From Oct 2020 - June 2021.
Preparation, Run Meeting, Meeting Minutes, taking Points,
Organize projects, Follow up on decisions, ect.

Clinician Signature: Latasha A. White RN Date 10/25/21

Supporting Signature: Bethany Moller, RN Date 10/25/21

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)



**Augusta Health
Registered Nurse
Professional Development Program**

**Roadmap Supporting
Documentation Template**

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

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

Description/Details of Activity:

Shared Governance member.

Dates of Meetings/Involvement:

Medical Unit Representative OCT 2020 - June 2021

Clinician Signature: Walter M. Miller Date 10/25/21

Supporting Signature: Bethany Moore, RN Date 10/25/21

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)