



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)
EXAMPLES 1/1/2021	0800-1200 (4 hours)	Shadowed Nursing Student (per shift)	Jane Doe	Safe Medication admin, proper pre-op procedures	Instructor Smith RN, See pg.2
1/15/2021 – 3/29/2021	80 hours total	Shadowed Capstone Student (per placement)	John Doe	7 week capstone placement	Instructor Jones, RN or Clinical Coordinator RN, See pg. 2
2/20/2021	30 minutes	LANTERN Mentor/Mentee session	Jane Smith	Discuss transition to new RN role	LANTERN Coordinator or Director of PP & Education
5/5/21-5/16/21	24 hrs	Precept traveler	Desiray Griffith	Orient to AH	Bethany Mohler
June 2021	24 hrs	Precept AH Member	Shannon Shifflett	Orient to new RN	Bethany Mohler
Aug-Sept 2021	36 hrs	Precept AH Member	Savannah Herring	Orient to new RN	Bethany Mohler
2021	Jan → Nov.	MSN Capstone Mentor	Lauren Coiner	Mentor for MSN Capstone	Bethany Mohler
2021	Monthly meetings	Unit Council Member	—	Improve the unit	Bethany Mohler

Clinician Name: Heather Stator Date: 8/27/2021

Clinician Signature: Heather Stator Date: 8/27/2021

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: <u>Precept Traveler</u>	Date: <u>8/27/21</u>
Validation Signature: <u>Bethany Mohr</u>	Date: <u>9/1/21</u>
Activity / Event Name: <u>Precept AH Member</u>	Date: <u>8/27/21</u>
Validation Signature: <u>Bethany Mohr</u>	Date: <u>9/1/21</u>
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Validation Signature: <u>Bethany Mohr</u>	Date: <u>9/1/21</u>
Activity / Event Name: <u>MSN Capstone Mentor</u>	Date: <u>8/27/21</u>
Validation Signature: <u>Bethany Mohr</u>	Date: <u>9/1/21</u>
Activity / Event Name: <u>Unit Council Member</u>	Date: <u>8/27/21</u>
Validation Signature: <u>Bethany Mohr</u>	Date: <u>9/1/21</u>
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***Each activity from log on pg. 1 should have a corresponding signature for validation**