



# Augusta Health Registered Nurse Professional Development Program

## Supporting Documentation Log

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

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

<b>Date</b>	<b>Time (Total Hours)</b>	<b>Activity or Event Name</b>	<b>Name of student / new team member</b>	<b>Activity description / Topics discussed</b>	<b>Validation Signature* (see pg. 2)</b>
Monthly	~1 hour/month	Unit Council		Matters relating to Medical Unit	B. Moore
Ongoing	12 hrs/shift	Precepting	See attached log	Orientation to unit	B. Moore
6/29/21, 7/6/21	1 hour/meeting	Fall Prevention Subcommittee		See attached agendas	B. Moore
3/17/21, 8/11/21	1 hour/meeting	CAUTI Taskforce		See attached	B. Moore

Clinician Name: Lacy Cline Date: 10/20/21

Clinician Signature: Lacy Cline RN Date: 10/20/21

## 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: Unit Council Date: Monthly

Validation Signature: Bethany Moller Date: 10/1/2021

Activity / Event Name: Precepting Date: Ongoing

Validation Signature: Bethany Moller Date: 10/1/2021

Activity / Event Name: Fall Prevention Subcommittee Date: 4/29/21, 7/6/21

Validation Signature: Bethany Moller Date: 10/1/2021

Activity / Event Name: CAUTI Taskforce Date: 3/17/21, 8/11/21

Validation Signature: Bethany Moller Date: 10/20/2021

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

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

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

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

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

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