



Self-Study Professional Development Documentation

Name: _____ Date of Activity or Meeting: _____

Email: _____ Phone: _____

Type of Activity: _____

Title of Activity: _____

Source of Activity: _____

Number of Professional Development Hours Earned*: _____

Agenda Attached (Check One): YES NO

If applicable, agenda should be attached and on file.

Short Summary of Activity or Meeting & How You Will Use the Knowledge Gained:

(Minimum of One Paragraph)

*Please Note: Self-study, meetings and volunteer activities may add up to no more than 1/3 of the total required professional development hours in a 12-month period. These activities must be documented and available for review by a licensing coordinator during program visits. This form has been created for documentation purposes at the discretion of the user and is attended as a template. This document should be completed upon completion of activity attended.