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)

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*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.