



## 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.