



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)
2/22/21	8	Preceptor for new hire	Pam Rankin	Stress testing, event monitors, holter monitors	
2/23/21	8	Preceptor for new hire	Pam Rankin	Stress testing, event monitors, holter monitors	
2/24/21	8	Preceptor for new hire	Pam Rankin	Stress testing, event monitors, holter monitors	
2/25/21	8	Preceptor for new hire	Pam Rankin	Stress testing, event monitors, holter monitors	
2/26/21	8	Preceptor for new hire	Pam Rankin	Stress testing, event monitors, holter monitors	

Clinician Name: Wan Naponnik RN Date: 10/25/21
 Clinician Signature: [Signature] Date: 10/25/21

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: Preceptor for new hire Date: 2/22/21 - 2/26/21

Validation Signature: Daniel C F Date: 10-25-21

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

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