

**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)
2/4/21	1300-1700	COVID clinic		Administering vaccinations	<i>[Signature]</i>
4/14/21	1300-1730	COVID vaccine clinic		Administering vaccinations	<i>[Signature]</i>

Clinician Name: Jenn Williams Date: _____
 Clinician Signature: [Signature] Date: _____

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