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)*
2021-2022		*Home Health Unit Council Chair*			

Clinician Name: Kim Sullenger Date: 9/27/22

Clinician Signature: KSuller Date: 9/27/22