

B. OUTSIDE CONFERENCES

DATE	PROGRAM TITLE	SPEAKER / COORDINATOR	CHs / CEUs

C. ANNUAL REQUIREMENTS

DATE	ACTIVITY	REMARKS			
	Education Day				
	CPR				
	Blood Glucose Monitoring	<input type="checkbox"/> 1st Qtr	<input type="checkbox"/> 2nd Qtr	<input type="checkbox"/> 3rd Qtr	<input type="checkbox"/> 4th Qtr
	Annual Physical Exam				

D. ACADEMIC PROGRAMS

DATE	COURSE / PROGRAM	INSTITUTION	HOURS

E. STAFF MEETING (Indicate if you Chaired Meeting)

MONTH	DATE ATTENDED	DATE MINUTES REVIEWED	MONTH	DATE ATTENDED	DATE MINUTES REVIEWED
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

F. COMMITTEE PARTICIPATION

(1) Committee:				[Check One] <input type="checkbox"/> Co-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member			
MONTH	DATE MEETING ATTENDED	DATE MINUTES READ	PROJECT DATE	MONTH	DATE MEETING ATTENDED	DATE MINUTES READ	PROJECT DATE
JANUARY				JULY			
FEBRUARY				AUGUST			
MARCH				SEPTEMBER			
APRIL				OCTOBER			
MAY				NOVEMBER			
JUNE				DECEMBER			

(2) Committee:				[Check One] <input type="checkbox"/> Co-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member			
MONTH	DATE MEETING ATTENDED	DATE MINUTES READ	PROJECT DATE	MONTH	DATE MEETING ATTENDED	DATE MINUTES READ	PROJECT DATE
JANUARY				JULY			
FEBRUARY				AUGUST			
MARCH				SEPTEMBER			
APRIL				OCTOBER			
MAY				NOVEMBER			
JUNE				DECEMBER			

G. OUTSIDE COMMITTEES / PROFESSIONAL ACTIVITIES

DATE(s)	COMMITTEE / ORGANIZATION	PARTICIPATION LEVEL

H. IN-SERVICE PRESENTATION(S)

DATE	DATE OUTLINE SUBMITTED	TITLE	UNIT	DURATION	ATTENDEES

I. IOP ACTIVITIES (Activities To Improve Organizational Performance)

DATE	ACTIVITY

J. STANDARDS DEVELOPMENT

DATE	STANDARD	ACTION: REVIEWED / REVISED / WROTE

K. UNIT BASED COMPETENCIES / CERTIFICATIONS

DATE	COMPETENCY / CERTIFICATION	CONTACT HOURS
	Age-Specific Competency	
	Domestic Violence Competency	
	Patient Safety: Restraints	

