Professional Development Activity Reflection

Name of Personnel: ____________________________________________________________

Date of Activity/Mtg.: ___________________________________________________________

# of Hours*: ___________________________ Agenda Attached (Circle One): YES □ NO □

Agenda should be attached and on file.

Reaction to Activity/Mtg. & How You Will Use the Knowledge Gained (Minimum of One Paragraph):

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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 and should be completed upon completion of activity attended.