

## PROFESSIONAL GROWTH PLAN

Name		Date	
License Number		Licensure Year	
E-mail address		Phone Number	

<p><u>Personal Learning Goal</u></p> <p>On your self-assessment tool, you identified an indicator(s) that you will work on this year. What is a learning goal(s) you wish to achieve based on this?</p>	
<p><u>Related Standard and Indicator</u></p> <p>What CLPNNL Standard and Indicator align with your goal(s)?</p>	
<p><u>Learning Activities</u></p> <p>Identify the activities you are going to complete to accomplish your goal(s).</p>	



Professional Growth Plan Continued . . .

<p><b>EVALUATION:</b> Complete the below section once you have completed your learning goal(s).</p>
<p><u>New Knowledge:</u> Identify something specific you learned by achieving this goal(s).</p>
<p><u>Reflective Evaluation:</u> How has this new knowledge influenced your nursing practice? Describe how you use this new knowledge to improve your practice and positively impact client outcomes?</p>
<p>Check the statement(s) that may apply to your new learning.</p> <p><input type="checkbox"/> I feel more confident that my nursing practice is consistent with current evidence.</p> <p><input type="checkbox"/> I incorporated my new knowledge into my practice.</p> <p><input type="checkbox"/> I shared my new knowledge with colleagues and clients.</p> <p><input type="checkbox"/> I received positive feedback on my learning from clients, colleagues, and/or managers.</p> <p>Other:</p>
<p>Signature:</p>

