**Check ONE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION**  **LEADERSHIP**  **PROFESSIONAL DEVELOPMENT** | | | |
| **Badge Number** | | **Submission Date** | |
| **Nurse Manager** | **Department** | | **Point Value** |
| **Name of Activity (as listed on rubric)** | | | |
| **Title (if applicable)** | | | |
| **Date/s, Date Range and/or Hours Performed** | | | |
| **Brief Description of how this activity qualifies** | | | |
| **List of Attachments** | | | |
| **Manager Name and Title (PRINT)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

Revised 6.2023