# Professional Development /Education Record

(60 hours over 3 years)

**Name:**  **APC#:**

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| **DATE** | **EDUCATION ACTIVITY** | **HOURS** |
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**Total Hours** \_\_\_\_\_\_\_\_\_

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In addition to the list of education, nurses must provide a reflective statement on 3 of the listed education activities. The statement needs to include learning gained from that education, **relevance for level of practice** and **how learning has been applied to own practice** for competent level of practice, at proficient level describe how learning has been shared informally with colleagues or at expert how learning has informed an educational or quality improvement process.

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| **Education Activity 1:** |
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| **Education Activity 2:** |
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| **Education Activity 3:** |
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The total hours of education and reflective statements must be verified by Line Manager (RN) or NE

**Verified by:**

Name, APC# and Designation: Signature:

Workplace: Contact details