



## Professional Development and Reflection Record

Name: \_\_\_\_\_

Unit/Area: \_\_\_\_\_

APC Number: \_\_\_\_\_

Post Graduate Qualifications: \_\_\_\_\_ Dates \_\_\_\_\_

**Please note:**

Minimum of 60 hours over last 3 years (this **must** include organisational mandatory training eg CPR, fire etc as per clinical area / Lakes DHB requirements).

Record must be validated by signature or someone who can verify your attendance of organisation record or print out.

The professional development is required to be at an appropriate level and related to practice

Reflection of at least 3 educational attendance's from past 3 years. You will need to explain/describe the difference this learning has made to your practice **OR** a statement for each Professional Development activity describing the difference the learning has made to your nursing practice.

Course	Date Achieved	Date Updated	N/A
CPR			
ACLS PLS NLS Appropriate to your area			
IV Generic			
Code of Conduct NCNZ requirement			
<b>Add any other courses/ certificates as required by your clinical area / clinical leads</b>			
Course	Date Achieved	Date Updated	Dated updated

In addition to the list of education nurses must provide a reflective statement on at least 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.

**OR** a statement for each Professional Development activity describing the difference the learning has made to your nursing practice.

<b>Education Activity 1:</b>
<b>Education Activity 2:</b>
<b>Education Activity 3:</b>

The total hours of education and reflective statements must be verified by CNM or CNE

Verified by: \_\_\_\_\_ Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional Development Activities (60 hours over last 3 years)

Name: \_\_\_\_\_

APC Number: \_\_\_\_\_

Date	Activity (Title of session, course, conference etc)	Briefly explain what you learnt from this activity – (you must explain how this activity affirmed or influenced your practice). <i>You do not need to complete this if you have done 3 reflective statements.</i>	Hours spent	Cumulative hours	Manager or educator's comments and sign off

Verified by: \_\_\_\_\_ Designation: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number \_\_\_\_\_