

CLPNL CONTINUING COMPETENCY PROGRAM - LEARNING PLAN TEMPLATE

Name		Date	
License Number		Licensure Year	
Email address		Phone Number	

<u>Section 1: Learning Objective</u> What do you want to accomplish or learn in the coming year?	<u>Section 2: Learning Activities</u> Identify the activities or steps you are going to take to accomplish your objective.	<u>Section 3: Timeframe</u> Indicate the timeframe to complete the activities.	<u>Section 4: Reflection/Evaluation</u> How has this new information improved your nursing practice and/or client outcomes?
Objective 1: Date -		Date -	Date -
Objective 2: Date -		Date -	Date -