Professional Learning & Development Application
District Nursing

Professional Learning and Development should:
- *Reflect the Professional Development Standards of School Nursing;*
- *Support the continuing development of professional learning communities;*
- *Be ongoing and job-embedded (e.g. peer coaching, mentoring, nurse/staff collaboration);*
- *Focus on evidence-based school nurse practice; and make on-going reflection on District/school data a part of professional learning.*

Professional Activities		
Please check appropriate box; see Professional Learning Matrix document for description and additional project specific requirements		
☐ College/University Course	☐ Action Research	☐ Individual Request
☐ CEU/CME Credit	☐ Online Study	

Name: _____

Home Base School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Proposed State Date: _____ Proposed End Date: _____

Estimated Number of Hours of Project: _____

Outline your plan for the proposed professional learning activity. Specifically, describe how this plan is an extension beyond the scope of your current responsibilities.
How will this professional learning experience impact student health care?
How will you demonstrate: • Your learning and professional growth?   • Impact on student health care?
What School or Departmental goals are being addressed with the proposed activity?
What support will you need from your current supervisor and/or the District?

Applications are due on the last Wednesday of each month. Applications will be reviewed on the first week of each month with the exception of June, July and August.

Be sure to include all other required documentation for the selected activity. Incomplete applications will not be reviewed.

_____   _____

Applicant   Date

_____   _____

Supervisor   Date

FOR OFFICE USE ONLY	
Application received: _____	_____ LPIC Committee Signature
Application reviewed: _____	
	_____ # of credit(s) awarded
☐ Approved ☐ Not Approved ☐ Approved with conditions. List conditions.	LPIC reasons for approved/not approved:
Applicant notified of status: _____	