**NWACC Professional Development**

**Record of Participation in an External Training Activity**

|  |  |  |
| --- | --- | --- |
| Employee Name: | | Employee ID#: |
| *(Please Print)* |  | |
| Department: | | |
| Conference/Seminar/Training Event: | | |
| Sponsored by: | | Date(s): |
| Location: | | Number of Contact Hrs: |
| **Description (please attach brochure, flyer, any other documentation for the session, website address of the event):** | | |
| **Learning Outcomes (add additional sessions if needed):**  Session 1: | | |
| Session 2: | | |
| **Action Plan**  1. How will you share and use the information gained from participating in this event? | | |
| 2. What evidence will you provide to document your sharing of knowledge? (Sharing of knowledge must be completed within six months of attending the event.) | | |
| I hereby affirm, that the information I have provided is a true account of the learning event in which I participated. | | |
|  | Date: | |
| *Signature* |  | |
|  | Date: | |
| *Signature of Direct Supervisor* |  | |