**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* |  |