

LEARNING PLAN TEMPLATE



Name		Date	
License Number		Licensure Year	
e-mail address		Phone Number	
Section 1: Learning Objective What do you want to accomplish or learn in this licensing year?	Section 2: Learning Activities Identify the activities or steps you are going to take to accomplish your objective.	Section 3: Timeframe Indicate the timeframe to complete the activities.	Section 4: Reflection/Evaluation How has this new information improved your nursing practice and/or client outcomes?
Objective 1: Date -	Date -	Date -	Date -
Objective 2 Date -	Date -	Date -	Date -