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# Learning Plan

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October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_

Name

CARNA No.

Practice Year

Role (Position)

Practice Setting

## Learning Plan

Complete a separate learning plan for **EACH** NPS indicator you have prioritized from your *Assessing My Practice* worksheets to focus on this year. Learning objectives should include a description of the expected outcome. Record dates when the learning activity is completed. Evaluate your learning before beginning the assessment of your practice for the next membership year.

NPS Indicator	Learning Objective (What do <b>you</b> want to learn?)	Why is this learning objective important to your nursing practice?

Learning Activities	Dates Completed

**How did the opportunity to work on this NPS indicator influence your practice? Please describe.**