NFN Professional Development Requirement Plan

Name: _____ Date of hire: _____

___ Non-Credentialed Home Visitor ___ Credentialed Home Visitor

Date Submitted: _____

___ 1. Family Group

Date of training:

Topic: Trainer:

Expected prep time: Target Audience:

Cost: Materials Needed:

Date of Family Group:

Childcare Needed: Y/N Transportation Needed: Y/N

Other:

___ 2. Workshop / Training (must complete both a and b)

a. Home visitor attends a workshop or training

Date of training: Topic:

Presenter: Location:

Organization or agency offering the training:

Cost: Flier / brochure attached? Y / N

Other:

b. Home visitor conducts a workshop/ training/ presentation, etc.

Date of presentation: Topic:

Location: Intended audience:

Expected prep time: Cost:

Materials Needed: Childcare Needed: Y/N

Transportation Needed: Y/N Other:

___ 3. Leadership activity

Date: Activity:

Frequency (weekly/monthly or n/a) Location:

Travel Required Y/N: Expected prep time:

Other:

Please explain how this PDR addresses identified key issues and challenges relevant to your work:

Date Approved: _____ Signature: _____(clinical supervisor)

Date Completed:_____ Signature: _____(clinical supervisor)