



Documentation & Implementation of Learning

(Professional Experience or Education)

Name: _____ Position: _____

Is this Documentation of Learning for: *Professional Experience* or *Education* (circle one)

Job/Class Title: _____

Employer / School: _____

Length of time (of employment / credit hours): _____

Final Date (of employment / of class): _____

Training Topic(s) requirement that this PE or ED meets: _____

Supervisor notes:

Supervisor Signature: _____ Date: _____

(Signature indicates that this PE or EDU has been discussed with Supervisor and is approved as valuable training meeting training topic(s) requirement)

*** If applicable, please include a photocopy of school transcripts if possible.*