



**Do not submit your learning plan to CRNNS unless you have received notification
 you were selected for learning plan verification**

Learning Plan

Name	CRNNS Registration #

Learning Objective #1		
Standard and Indicator:		
Learning Activities to Meet this Objective	Target Date	Completed

Evaluation Plan
How will I apply this to my nursing practice?
What are the anticipated outcomes of applying this to my practice and how will I measure if it has occurred?



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Learning Plan

Name	CRNNS Registration #

Standard and Indicator:

Learning Objective #2

Learning Activities to Meet this Objective	Target Date	Completed

Evaluation Plan

How will I apply this to my nursing practice?

What are the anticipated outcomes of applying this to my practice and how will I measure if it has occurred?