

APPENDIX M

MSSLS Professional Activity Form

Student Name: _____

Activity: _____

Date: _____ Time: _____

#PDPs(s): ____ Type PDP: ____ Academic ____ Clinical ____ Professional ____ SJ&I

Faculty/Staff/Physician/etc. (signature): _____ Date: _____

Print Name of Faculty/Staff/Physician/etc.: _____

Explain what Departmental Outcome this activity meets and why.

REMINDER: Keep this form as proof of involvement in the above activity and PDP's earned AND load it into PLATO under appropriate category.