

Developmental Goal Attestation



Team member name: _____

Nurse Leader name: _____

Meeting date: _____ Meeting time: _____

I attest that I have met with the team member to: (please check)

☐ Review the FY _____ developmental goal of:

☐ Provide mentorship related to accomplishing this goal:

☐ Approve the new FY _____ developmental goal as documented in Oracle and below:

Nurse Leader Signature

Date

Team Member Signature

Date