



**NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY  
PROFESSIONAL DEVELOPMENT INITIATIVE 2019/20**

**Request For Job Shadow / Mentorship / Practicum**

Purpose of Travel:	Job Shadow, Mentorship or Clinical Practicum Professional Development Initiative (PDI) * <b>Three (3) Day Minimum</b>
Employee Statement:	I, the applicant, agree to attend the arranged training at the facility and will obtain verification of attendance.
Applicant:	Printed: _____ Signature: _____ Date: _____
Organization / Facility and Location:	
Activity Dates:	
State Skills To Be Developed	
Contact person at Facility / Institution E-mail Agreement Attached	Name: _____ Title: _____ Phone: _____

**I, the applicant's supervisor, certify that the following criteria have been met:**

- ✓ Activity is identified in the employee's learning plan.
- ✓ The opportunity has been agreed to by the facility.
- ✓ The content of the goals are consistent with the needs identified in the learning plan and the employee's role.

Approved: \_\_\_\_\_  
Supervisor Date