PUBLIC HEALTH

# WHATCOM COUNTY HEALTH DEPARTMENT
# INDIVIDUAL LEARNING PLAN

**Name:** _____ **Division:** _____

**Supervisor:** _____ **Plan Year Period:** 2015-2016

**Utilizing the appropriate Core Competency Self-Assessment, which core competency area(s) do you want to focus on in your learning goals?**

- ☐ **Analytic/Assessment**
- ☐ **Policy Development/Program Planning**
- ☐ **Communication**
- ☐ **Cultural Competency**
- ☐ **Community Dimensions of Practice**
- ☐ **Public Health Science**
- ☐ **Financial Planning/Management**
- ☐ **Leadership and Systems Thinking**

**Required General Training – Check below if completed within this required frequency timeframe:**
**H = upon hire; A = annually; B = every two years; P = Periodically**

- ☐ **Building Respect & Prohibiting Harassment (B)**
- ☐ **CPR/First Aid (B)**
- ☐ **Cultural Competency (B)**
- ☐ **HIPAA Compliance (A)**
- ☐ **Driver Safety (B if regular driving duties)**
- ☐ **Learning Management System (B)**
- ☐ **Incident Command Systems (A)**
- ☐ **Blood borne Pathogens (A – positions at risk of exposure, H – others)**

**Required program or position specific training (for licensure or certifications, such as RN and RS)**

**Employee's requested learning goals: (Learning may be achieved through training, study, mentoring, special projects, etc.)**

**Approved learning goals:** ***to be completed with Supervisor***

_____ _____

**Employee Signature** **Date** **Program Manager/Supervisor Signature** **Date**