Appendix 52 ▪ Nurse Care Manager/Social Work Care Manager Exemption Training and Development Plan

Goals/Objectives/Timeline for Completion:
Plan for Meeting Goals/Objectives:
List of Training/Courses with Times for Completion:
Plan for Monitoring Exempted Orientee:
Additional Requirements for Job Performance:

Orientee Name/Title:	
Orientee Signature:	
Supervisor Name/Title:	
Supervisor Signature:	
Date Exempted Orientee Completed Checklist:	