

# KL2 Career Planning Document

Name:

Date:

## Year One Vision

In one paragraph describe your overall short-term goals for the first year of the Program.

## YEAR ONE PLANNING TABLE (Short-Term Goals)

(use several pages if needed)

ACTIVITY	SPECIFIC OBJECTIVES	HOW TO ACHIEVE?	DOCUMENTATION OR EVIDENCE	WHO IS MENTOR FOR THIS ACTIVITY?
CLINICAL (if applicable)				
TEACHING (if applicable)				
RESEARCH (if applicable)				
ADMINISTRATION (if applicable)				
QUALITY & SAFETY				

Are there any essential resources or assistance you presently do not have but need in order to achieve the objectives in your one year plan?

## Year Two Vision

In one paragraph describe your overall Mid-Range goals for the second year of the Program.

### YEAR TWO PLANNING TABLE (Mid-Range Goals)

(use several pages if needed)

ACTIVITY	SPECIFIC OBJECTIVES	HOW TO ACHIEVE?	DOCUMENTATION OR EVIDENCE	WHO IS MENTOR FOR THIS ACTIVITY?
CLINICAL (if applicable)				
TEACHING (if applicable)				
RESEARCH (if applicable)				
ADMINISTRATION (if applicable)				
QUALITY & SAFETY				

**Are there any essential resources or assistance you presently do not have but need in order to achieve the objectives in your one year plan?**

### Three to Five Year Vision

In one paragraph describe your overall three to five year career plan.

### THREE TO FIVE YEAR PLANNING TABLE (Long-Term Goals)

(use several pages if needed)

ACTIVITY	SPECIFIC OBJECTIVES	HOW TO ACHIEVE?	DOCUMENTATION OR EVIDENCE	WHO IS MENTOR FOR THIS ACTIVITY?
CLINICAL (if applicable)				
TEACHING (if applicable)				
RESEARCH (if applicable)				
ADMINISTRATION (if applicable)				
QUALITY & SAFETY				

**Are there any essential resources or assistance you presently do not have but need in order to achieve the objectives in your one year plan?**