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**Advanced Practice Reflection Report**

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| **Candidate’s Name** |  |
| **Dean’s or Director’s Name** |  |

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| Candidate’s Advanced pRACTICE Reflection |  |
|  |  |  One | comments / Recommendations for Improvement |
| Candidate’s Advanced Practice Discussed  | Discusses specific advancements that were achieved within his or her practice. | [ ]  YES | [ ]  NO |       |
| Candidate’s Growth and Contributions Discussed  | Offers reflection of growth and contributions. | [ ]  YES | [ ]  NO |       |
| Candidate’s Benefits to Self Discussed | Describes specific personal and professional benefits to self. | [ ]  YES | [ ]  NO |       |
| Candidate’s Benefits to Students, the College, the Discipline, or the Community Discussed | Describes specific benefits to students, the discipline, the college, or the community. | [ ]  YES | [ ]  NO |       |
| Candidate’s Relevant Artifacts Included | Provides documentation and/or artifacts as evidence of Advanced Practice (if applicable). | [ ]  YES | [ ]  NO[ ]  N/A |       |