



**RENEWAL**

# ACTIVITY SUMMARY SHEET

**ONE POINT      TWO POINTS**

**DIRECTIONS:** Complete one sheet for every activity. Entries must be typed.

<b>PPM Domain:</b>	<b>Care Delivery</b>
<b>Activity:</b>	
<b>Support:</b>	

Lead/Supervisory Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Signature: \_\_\_\_\_  
*This is the person(s) who directly observed or verified this activity.*

Title: \_\_\_\_\_

Employee Number: \_\_\_\_\_