

INDIAN HEALTH SERVICE

INDIVIDUAL DEVELOPMENT PLAN

NAME: _____

DIVISION: _____

PRESENT POSITION: _____

GRADE & SERIES: _____

Course Title or Type of Training	Targeted Competencies/ Training Objectives (Knowledge, Skills, Abilities)	Training Methods and/or Sources	Dates		Cost
			From	To	
Any mandatory NoFear Act Training, Ethics Training, IT Security Training					

NOTE: This individual Development Plan (IDP) is subject to changes depending on availability of funds, courses, and the candidate's requirements.

Employee's Signature _____

Supervisor's Signature _____

Date _____

Date _____