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| **For Program Champion Use: FTE: \_\_\_\_\_\_ Providers: \_\_\_\_\_\_**  **Topic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Trainer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Type of training (circle one)**: in-service, new employee, annual  **Length of Training (in minutes): \_\_\_\_\_\_** | | |
| **Name** | **Full-time employee?**  Circle Yes or No. | **Healthcare provider?**  Circle Yes or No. |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
| **Name** | **Full-time employee?**  Circle Yes or No. | **Healthcare provider?**  Circle Yes or No. |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |
|  | Yes / No | Yes / No |