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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 |