

**THE UNIVERSITY OF CONNECTICUT HEALTH CENTER  
ORGANIZATION & STAFF DEVELOPMENT**

**REPORT OF EDUCATIONAL OFFERING**

**DEPT/UNIT(S):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROGRAM TITLE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PRESENTER(S):** \_\_\_\_\_  
\_\_\_\_\_

**COORDINATOR** (if different from presenter): \_\_\_\_\_

**SOURCE OF NEED** (check as many as apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Introduction of new knowledge                        | <input type="checkbox"/> Develop new competence            |
| <input type="checkbox"/> New equipment  | <input type="checkbox"/> Maintain competence               |
| <input type="checkbox"/> Changed or new procedure                             | <input type="checkbox"/> Response to QA findings           |
| <input type="checkbox"/> Needs assessment                                     | <input type="checkbox"/> Personal/professional development |
| <input type="checkbox"/> Mandatory Inservice                                  | <input type="checkbox"/> Develop plan for patient care     |
| <input type="checkbox"/> Identified need from clinical supervision/evaluation |  |
| <input type="checkbox"/> Other (specify) _____                                |  |

**PROGRAM OBJECTIVES** - After attending this session learners will be able to:

**TARGET AUDIENCE:**

**CONTENT OUTLINE:**

**TEACHING METHOD(S)** (Attach copies of materials distributed):

**EVALUATION STRATEGY** (Attach copies of questions & answers, post-test, etc. and program evaluation forms used):

**LENGTH OF PROGRAM\*** (in hours and minutes): \_\_\_\_\_

\*For CNA Approved Nursing Programs indicate number of contact hours (Number of 60 minute hours of instruction divided by 50 minutes = contact hours): \_\_\_\_\_ CH

**ATTENDANCE RECORD** on reverse side - use additional sheets as needed

**REPORTED BY:**

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<b>NAME</b>	<b>TITLE</b>	<b>DATE</b>
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ORGANIZATION & STAFF DEVELOPMENT**

**ATTENDANCE RECORD:** \_\_\_\_\_  
**EDUCATIONAL PROGRAM**

\_\_\_\_\_ **DEPT/UNIT(S)** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TIME**

**PLEASE PRINT CLEARLY:**

<b>NAME</b>	<b>TITLE</b>	<b>DEPT/UNIT or INSTITUTION</b>	<b>OTHER</b>
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Use additional ATTENDANCE forms as needed - PROGRAM DESCRIPTION on reverse side

**\*\*BE SURE TO DOCUMENT ATTENDANCE AT ALL EDUCATIONAL PROGRAMS ON YOUR INDIVIDUAL EDUCATION ACTIVITIES RECORD!!**

Send original to Organization & Staff Development, MC-3970. Retain a copy for your Dept./Unit/file.