



Faculty & Staff Training Information

Course Title: _____

Course Description: _____

Course Start/End Dates: _____

Course Location: _____

_____ *Course Instructor Section* _____

Course Presenter(s): _____

Total # of Participants: _____ CME Credits Available? Yes No

Certificates issued: Yes No Number of CME Credits: _____

Total # of Hours: _____

Please attach the following:

1. Course Flyer/Brochure – *participant only*
2. Certificate of Completion – *participant only*
3. Sign-in Sheet-*instructor only*
4. Course Evaluation Summary-*instructor only*