

Naval Hospital Lemoore Education and Training Department

Attendance Roster

(Privacy Act Statement of 1974 applies)

Date of Course: _____ Location of Course: _____

Speaker/Presenter's Name(s): _____

Complete Command Address/Telephone Number: _____

Title of Program/Course: _____

Type of Course (place a (%) or (X) in the appropriate slot):

_____ Inservice _____ CITC _____ CME Activity _____ CITC
_____ Annual Trng _____ GMT _____ Command Orientation _____ Crash Cart/Code Blue
_____ Customer Service _____ Other (please specify): _____

Method of Instruction (check all that applies):

_____ Lecture _____ Demonstration _____ Audiovisual Aids _____ Discussion
_____ Computer-Based _____ Other (please specify): _____

Performance Improvement: Was training conducted as a result of patient contact, occurrence screening, sentinel event reporting, satisfaction survey, or leadership recommendation? If yes, briefly explain the *ultimate goal of training*.

