

Education Intake Form

Request Training Support from CEPD Office

Directions: Complete Request Form & Send to oneillk@montefiorenyack.org

Today's Date: _____

1. Your Contact Information (Name/Email/Phone):

2. Describe your Education Training Request (LIST BULLETS):

3. Why is training needed? Knowledge Gap; Practice Gap; Regulatory DOH/TJC; PI; New Equipment; Other (describe)

4. Departments/units who need training:

5. Target Audience for Training: Roles/positions: RN, MD, PCA, PSA, AA, Techs, Other _____

6. Training START DATE _____

Training END DATE _____

10. Training Support Method: HEALTHSTREAM LIVE/IN PERSON SKILLS FAIR OTHER _____

11. List 2 Course Objectives:

- a)
- b)

12. Are you requesting CE Credit or CME Credit? YES / NO

13. Desired length of education program? (min/hours)

14. Is there a Quiz? If YES, attach **(no more than 5-7 questions)** with answer key

15. List References and Training Resource Links; or attach as separate WORD DOC (APA and < 5years)

- a) x
- b) x

15. Other Important Education Information: (write below)

-----CEPD to COMPLETE BELOW-----

CEPD Approved by: Name _____ Date: _____ Education Ticket # _____