

NAME: _____ **UNIT/STATE#** _____

DATE ____/____/____ **HOURS:** _____

LOCATION: _____

TOPIC: _____

LECTURER / PHYSICIAN: _____

FROM: _____ **AM/PM** **TO:** _____ **AM/PM**

LECTURER / PHYSICIAN SIGNATURE: _____

I acknowledge that the above information is accurate and truthful to the best of my knowledge.

SIGNATURE OF MEMBER: _____

- Please submit all handouts or lecture outlines

TRAINING COORDINATOR/CIC APPROVAL: _____