

RPICC Annual Education Report

RPICC: _____ Reporting Period July 1, 20____-June 30, 20____

<i>Date</i>	<i>Topic(s)</i>	<i>Speaker(s)</i>	<i>Site of Program</i>	<i># of CE's</i>	<i># & Type of Participants</i>

1) **List name of hospital, providers, community groups, local CMS and/or county public health units represented, type of personnel, and number present at each program.**

2) Please list and identify all pertinent RPICC staff development programs, as well as outreach education programs, presented during the report period

3) RPICC staff will maintain record of program content, objectives, and names of participants on file accessible to review during the on-site monitoring visits.

4) 85% percent of evaluations of the four (4) required educational programs will indicate that the training/education was rated satisfactory or above.

Yes_____ No_____ Percent _____

Name and Title of Reporter

Date