PENNSYLVANIA AHEC	Continuing Professional Education CPE-1	AHEC Region Code: _____

To be completed by AHEC staff. Date Completed: __ __ / __ __ / __ __ __ __
Month Day Year

One form should be filled out for each program offering and for each web-based release. Participant discipline and their evaluations of the program will be included in the post-test which they will complete at the end of the training. Please transfer the relevant information (pre and post-test scores and discipline) to this form for each participant.

1. Short descriptive name for topic of training _____

2. Please briefly describe the training, including major topics covered by the training.

_____

_____

_____

_____

_____

_____

3. Please describe the value of the training to a primary care provider in an underserved area.

_____

_____

_____

_____

_____

_____

4. Location of training (if not a live presentation, enter the delivery mode, e.g., web based).

_____(street)

_____(city)

_____(state) _____(ZIP)

5. Name or number of HPSA or MUA of training site _____

(OVER)

6. Describe marketing plan of the training to primary care providers in underserved communities.

_____

_____

_____

_____

_____

_____

7. Competency Council on Linkages (from federal form) (check all that apply)

- ☐ 1=Analytic/Assessment Skills
- ☐ 2= Policy Development/Program Planning Skills
- ☐ 3=Communication Skills
- ☐ 4= Cultural Competency Skills
- ☐ 5= Community Dimensions Practice Skills
- ☐ 6= Basic Public Health Sciences Skills
- ☐ 7= Financial Planning & Management Skills
- ☐ 8= Leadership & Systems Thinking Skills

8. Delivery Mode (from federal form) (check all that apply)

- ☐ 1= Live
- ☐ 2=Web-based
- ☐ 3=Live and Web-based
- ☐ 4=Video
- ☐ 5=CD ROM
- ☐ 6=Audio Cassette
- ☐ 7=Other Format
- ☐ 8= Satellite Broadcast
- ☐ 9=Video Conference

9. Program Hours (number of contact hours for program) ___ ___ ___

10. Participant information (add more on separate sheet, if needed):

Participant ID (see instructions)	HPSA or MUA Identification	Pre-Test Score	Post-Test Score	Participant's Evaluation

Participant ID (see instructions)	HPSA or MUA Identification	Pre-Test Score	Post-Test Score	Participant's Evaluation

PART 2: Summary Data for Participants

11. Total number of participants: ___ ___ ___

12. Total number of participants from underserved areas: ___ ___ ___

13. Number of participants by discipline:

1. Primary care physician ___ ___ ___
2. Other physician ___ ___ ___
3. Dentist ___ ___ ___

4. Nurse Practitioner ___ ___ ___
5. Physician Assistant ___ ___ ___
6. Registered Nurse ___ ___ ___
7. Other adv. practice nurse ___ ___ ___
8. PT/OT ___ ___ ___
9. Pharmacist ___ ___ ___
10. Social work/mental health ___ ___ ___
11. Dental hygienist ___ ___ ___
12. Dental assistant ___ ___ ___
13. Other (1) ___ ___ ___ specify _____
14. Other (2) ___ ___ ___ specify _____
15. Other (3) ___ ___ ___ specify _____

AHEC Region Use Only

Date Entered: __ __ / __ __ / __ __ __ __
Month Day Year

Entered by: _____