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

