



Training Request

Submit a request to Heartland by email at delphina.sanchez@uthct.edu or fax at 210-531-4535 with the following information. A request for training with continuing education credit must be made 6 months prior to the training target date; a training with no continuing education credit must be made 4 months prior to the training target date.

Requesting Agency:	
Contact person:	
Contact information:	
Additional Partnering agencies:	
Type of training:	
Date range:	
City, State:	

Continuing Education Credit (Check all that apply)

- CNE
- CME
- Certificate of Attendance only

Specify your target audience (Check all that apply)

- Administrators
- Epidemiologists
- Infection Preventionist
- Health Educators
- Nurse
- Outreach Worker
- Physician
- Program Manager
- Resident
- Other (Specify)

How did you identify the educational needs? (Check all that apply)

- Formal needs assessment
- Requests from health departments
- Public health initiative needing education
- Studies of performance of health-care professionals
- Changes in practice recommendations, guidelines, or technology
- Criteria specified in professional competencies
- Other: (specify)

PRACTICE GAP: Identify and describe the PRACTICE GAP on which your request is based. What is your current practice?

