



## Training Request

Submit a request to Heartland by email at [Stephanie.Ott@uthct.edu](mailto:Stephanie.Ott@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.

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

**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?**

