

## REQUEST FOR TRAINING WORKSHEET (NURSING SERVICES)

**INSTRUCTIONS:** Parts I and II may be completed electronically or manually by the requestor. Parts III, IV and V must be completed manually. The requestor will forward this form to the clinic education facilitator along with a completed DD Form 1556 and a copy of the program announcement. If funded to attend this course, you are expected to present one CEU offering and submit a short article for the Kimbrough Community News within four months of the program.

### Part I - DEMOGRAPHIC INFORMATION (To be completed by the requestor.)

NAME (Last, First, MI)		RANK/GRADE	CLINIC NAME	DUTY PH EXT	POSITION/DUTY ASGMT
DATE ASGND TO KACC	PCS/ETS DATE	NATIONAL ORGANIZATION MEMBERSHIPS		DATE OF LAST FUNDED EDUCATIONAL TDY	

### Part II - PROGRAM INFORMATION (To be completed by the requestor.)

TITLE OF COURSE/TRAINING	NUMBER CEUs	LOCATION	DATE(S)	REG. FEE
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REQUEST IS FOR:     Fully Funded TDY     Registration Fee Only     Other:

### Part III - VERIFICATION (To be completed by the clinic education facilitator.)

BLS EXPIRATION DATE	BAT EXPIRATION DATE	Requestor must have attended at least <b>FOUR</b> clinic-level inservices in the past six months. List the titles and dates. 1. _____ 2. _____ 3. _____ 4. _____
Requestor must have attended at least <b>ONE</b> Nursing Services CEU program in the past 12 months. List the program name and date attended. _____ _____		
PRINTED NAME AND RANK/GRADE OF CLINIC EDUCATION FACILITATOR		SIGNATURE OF CLINIC EDUCATION FACILITATOR

### Part IV - JOB PERFORMANCE IMPACT (To be completed by the requestor's immediate supervisor.)

DESCRIBE HOW THIS PROGRAM WILL ENHANCE THIS STAFF MEMBER'S JOB PERFORMANCE

### Part V - CONCURRENCES / ROUTING

CONCUR	NONCONCUR	CRITERIA	SIGNATURE	DATE
		Course relevance: staffing form accuracy Height/Weight: <input type="checkbox"/> Yes <input type="checkbox"/> No AFPT: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Profile Date:	IMMEDIATE SUPERVISOR	
		Staffing; previous TDYs; program quality	CHIEF, NURSING ADMINISTRATION	
		Evaluation of total application	CHIEF NURSE	
		Funds are available for above	RESOURCE MANAGEMENT BRANCH	