UNC Health Care Nursing Practice & Professional Development

CONTINUING NURSING EDUCATION ACTIVITY ROSTER

No commercial support or financial relationships have been disclosed or have influenced the planning of the educational objectives and content of this activity.

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| **Activity Number:** NPD083-16008 | | | |
| **Program Title: TeamSTEPPS 2016** | | | |
| **Date(s):**  Add Date | | | |
| **Location:** Add Location | | | |
| **Length of Program:**  1 hour | | | |
| **Time Started:**  Add Time **Time Ended:** Add Time | | | |
| **Contact Hours Approved:**  1 | **Stroke Hours Approved: 0** | | **Trauma Hours Approved: 0** |
| **Facilitator/Content Expert:**  Presenter Name(s) | | | |
| **Nurse Planner:**  Celeste Mayer | | | |
| **For Office Use Only:** | | | |
| **LMS Course Code:** | | | |
| **LMS Code Entered into LMS:** ☒ **Yes** ☐ **No** | | **LMS Class Entered into LMS:** ☒ **Yes** ☐ **No** | |
|  | | | |

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| --- | --- | --- | --- |
| **Participant First Name, Last Name**  **(required)** | **Title**  **(required)** | **Email Address**  **(required)** | **UNCH Unit/Dept**  **(if applicable)** |
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| **17.** |  |  |  |

***Scan and send to Vickie Brickey within 2 days of date of class***

**CEC initials:HD 3681 Rev 8/16 (Any changes to form must be approved by Nursing Practice & Professional Development)**