HARDIN COUNTY GENERAL HOSPITAL

Box 2467
ROSICLARE, ILLINOIS 62982

Employee Continuing Education Record
Competency Validation

Name: ______________________________ Title: ________________________________

Department: ___________________ Year: _______________ Status: _________________

Competency Assessment / Continuing Education	**Date**

Employee Continuing Education Record
Annual Inservices

Name: _____ Title: _____

Department: _____Year: _____ Status: _____

Title	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Infection Control / OSHA												
Safety & Fire												
Toxic Substance / MSDS												
Abuse												
Competency Assessment												
CPR Certification												
Other required clasess/courses												
Back Injury Prevention/ Ergonomic Issues												
Staff Meeting Participation												
Committee Participation												
Quality Improvement Participation												
New Employee Orientation												
Evalutation -- Due:												
Physicals ----- Due:												

Form Per-13(rev.11/98)