

Continuing Education Form

Continuing Education is defined as continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community. Additional details about CE activities will be collected in the annual progress report.

NOTE: Short-term trainees are **not** considered CE participants.

A. Provide information related to the total number of CE activities provided through your training program last year.

Total Number of CE Participants _____
Total Number of CE Sessions/ Activities _____

Number of CE Sessions/Activities by Primary Target Audience

Number of **Within Your State** CE Activities _____
Number of CE Activities **With Another State** _____
Number of **Regional** CE Activities _____
Number of **National** CE Activities _____
Number of **International** CE Activities _____

Number of CE Sessions/Activities for which Credits are Provided _____

B. Topics Covered in CE Activities *Check all that apply*

- | | |
|---|---|
| A. Clinical Care-Related (including medical home) | • Women’s Reproductive/ Perinatal Health |
| B. Diversity or Cultural Responsiveness-Related | • Early Childhood Health/ Development (birth to school age) |
| C. Data, Research, Evaluation Methods (Knowledge Translation) | • School Age Children |
| D. Family Involvement | • Adolescent Health |
| E. Interdisciplinary Teaming | • CSHCN/ Developmental Disabilities |
| F. Healthcare Workforce Leadership | • Autism |
| G. Policy | • Emergency Preparedness |
| H. Prevention | • Health Information Technology |
| I. Systems Development/ Improvement | • Mental Health |
| | • Nutrition |
| | • Oral Health |
| | • Patient Safety |
| | • Respiratory Health |
| | • Health Equity |
| | • Health care financing |
| | • Other (specify) _____ |