



Southwest General

Partnering with  University Hospitals

18697 Bagley Road
Middleburg Heights, Ohio 44130

INSERVICE ATTENDANCE RECORD

Please provide the Education Department with a copy of this record for entry into Training Partner.

Name of Program: UNIT SPECIFIC ORIENTATION

☒ Inservice ☐ Competency ☐ SLM SLM Course No.: _____

of Contact Hours: _____ ☐ Southwest as ONA Provider ☐ Other ONA Provider

Instructor _____ Department: EDUCATION/

Start Date _____ Completion Date _____ Duration (in hours/minutes): _____

Program Objectives: On file

	ASSOCIATE ID#	NAME (please print)	SIGNATURE	DEPT or TITLE
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