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## ***NURSING RESOURCE CENTER MONTHLY REPORT***

**CITY AND COUNTRY:**

**NAME OF REPORTER:**

**MONTH OF REPORT:**

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**NUMBER OF COURSES HELD THIS MONTH:**

**TITLES OF COURSES PRESENTED:**

**TOTAL NUMBER OF PERSON-DAYS OF TRAINING (# OF COURSES x LENGTH OF TRAINING):**

**TOTAL NUMBER OF TRAINEES BY PROFESSION:**

\_\_\_\_ NURSES    \_\_\_\_ PHYSICIANS    \_\_\_\_ FELDSHERS    \_\_\_\_ OTHER:

**TOTAL NUMBER OF TRAINEES BY SPECIALTY:**

CARDIOLOGY    WOMEN'S HEALTH    ONCOLOGY    EMS

PEDIATRICS    SURGERY    DIABETES    OTHER

**NUMBER OF TRAININGS THAT TOOK PLACE AT NRC?**

**NUMBER OF TRAININGS THAT TOOK PLACE IN CITY WHERE NRC IS LOCATED?** \_\_\_\_\_

**NUMBER OF TRAININGS THAT TOOK PLACE IN RURAL AREA/DISTRICT?** \_\_\_\_\_

**OF THE TRAINERS WHO PROVIDED EDUCATIONAL SESSIONS THIS MONTH, HOW MANY WERE NURSES?    HOW MANY WERE NOT NURSES?**

**WHAT METHODS OF EVALUATION HAVE YOU USED THIS MONTH TO EVALUATE TRAINING SESSIONS?**

**COMMENTS:**

*Please return this form via e-mail to {}, AIHA program secretary, at: [x@domain.org](mailto:x@domain.org) and a copy to the regional director for your country/region.*