## Immunization Office Consultant Education Report

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| IPC Information: Enter your name, the host district where the contact was made, and the date the training was made. |
| **IPC Name:** |       | **Host District:** |       | **Date of Training:** |       |
| Contact and/or Facility Information: Reporting contact with a single provider: Use this section to identify the provider’s contact information.* 1. If provider is currently a VFC provider, then complete Provider Name and VFC PIN fields only, unless updating address information.
	2. If provider is currently a GRITS Partner, then complete Provider Name and GRITS Org. Code fields only, unless updating address information.
	3. If provider is currently a VFC Provider and a GRITS Partner, then complete Provider Name, VFC PIN, and GRITS Org. Code fields only, unless updating address information.
	4. If provider is not part of the VFC or GRITS Programs, then complete all fields. We hope that you remembered to use this contact opportunity to introduce this provider to both of these exceptional programs.
	5. Attach a copy of this report with Attendance Roster with the VFC PIN and/or GRITS ORGCODE for each attendee and The Evaluation Summary Sheets and submit with your monthly report.
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| **Facility Name:** |       | **VFC PIN:** |       |
| **Facility Address:** |       | **City:** |       | **State:** |       | **Zip Code:** |       |
| **Education Topics Information:** Multiple programs and/or presenters may be reported on one report form, Be sure to complete time frame, presenter, and total quantities for EACH topic. If this was a Train-The-Trainer education event, then check the topic under ‘TTT’. If this was an EPIC referral education event, then check the topic under ‘EPIC Referral’.  |
| **EPIC**Referral | **Topic #** | **TTT** | **Topic of Presentation Given:****(Please Complete for All That Apply)** | **Time Frame** | **Presenter** | **# of Publ.** | **# of Priv.** | **# of Other** | **# of RN Receiving CH** |
|       | 01 | NA | Adolescent & Adult Immunization Recommendations (1.5 Hr - # 170-14 expires 08/31/15) |       |       |       |       |       |       |
|       | 02 |       | Childhood Immunization Update (1.5 Hr - #171-15-expires 08/31/15) (Childhood Immunization Update & GA Requirements-may be utilized to train personnel who conduct audits) |       |       |       |       |       |       |
|       | 03 | NA | Childhood Immunization Requirements (For WIC and Clerical Personnel) |       |       |       |       |       | NA |
|       | 04 | NA | Epidemiology & Prevention of Viral Hepatitis from A-E (3Hr- #162-13 expires 1/21/15) (Contact Lynne Mercedes, Epidemiology, 404-657-3171 ) |       |       |       |       |       |       |
|       | 05 |       | GA Requirements for School & Child Care Attendance (Presentation for healthcare providers, day care and school personnel) (1.5 Hr - #168-14 expires 8/31/15) |       |       |       |       |       |       |
|       | 07 | NA | Perinatal Hepatitis B Prevention (For Birthing Hospitals) (Contact Tracy Kavanaugh, Epidemiology 404-651-5196) |       |       |       |       |       | NA |
|       | 08 |       | Review Of The Recommended Schedule (1.5 Hr - #175-15 - expires 8/31/15) |       |       |       |       |       |       |
|       | 09 | NA | Vaccine Administration Techniques (1.5 Hr - #176-15 expires 8/31/15) |       |       |       |       |       |       |
|       | 12 | NA | Vaccine Storage & Handling (1.5 Hr - #165-13 expires 8/31/15) |       |       |       |       |       |       |
|       | 00 | NA | Other:       |       |       |       |       |       | NA |
| \* | Have You Attached The Roster If Necessary*? Please ensure that you have included the VFC PIN and the GRITS ORGCODE with your Roster for each attendee.* |       | YES |       | No |  |  |
| \* | Have You Attached The Evaluation Summary If Necessary and Disclosure Statement? |       | YES |       | No |  |  |
|  | **\***Please Explain any ‘NO’ Responses:       |