

EMPLOYEE EDUCATIONAL RECORD
THE JOHNS HOPKINS HOSPITAL

Employee Name: _____ **SS #** _____

Title: _____

Unit: _____

Start Date: _____

Evaluation Date: _____

Directions: Unit designee initials and dates each notation, to indicate that the person named performed or completed the course work and/or updates independently. List designees by signature and title in the space provided. *Please refer to the required training checklist.*

Activity Type:	C Curriculum/Class LA Learning Activity (e.g. self-learning packet) Other (specify) _____	U NA	Unit-specific reference Not applicable to this job classification Other (specify) _____
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	Date & Initials	Frequency
A. Departmental or Unit-Specific Updates		
1. Pain management DIRECT	_____	Annual
2. Procuring and donating organs and other tissues DIRECT	_____	Annual
3. Restraints DIRECT	_____	Annual
4. Fall reduction, prevention, management DIRECT	_____	Annual
5. Population served (age-specific) DIRECT AND INDIRECT	_____	Annual
6. Bloodborne pathogen training DIRECT AND INDIRECT	_____	Annual
7. CPR/BLS/ACLS PER JOB DESCRIPTION	_____	Every 2 years
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

	Date & Initials	Frequency
B. Hospital-Wide Periodic Updates (available in the Joint Commission Annual Required Education Packet)		
1. Patient safety / Reporting safety concerns	_____	Annual
2. Infection control	_____	Annual
3. Team building and willingness to report errors	_____	Annual
4. Fire safety / Hazardous communications	_____	Annual
5. Environment of care	_____	Annual
6. Emergency management	_____	Annual

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G. Professional Organization(s)	Date Joined
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

H. Presentations, Projects, Preceptorships, Publications, and Research	Place	Date(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I. Committee Memberships	% Attendance
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Unit Designee Signature	Title	Date
_____	_____	_____
_____	_____	_____
	_____	_____