

EMPLOYEE EDUCATIONAL RECORD

*Johns Hopkins University
School of Medicine*

Employee Name: _____ **SS #** _____

Title: _____

**Department/
Division:** _____

**Start
Date:** _____

**Evaluation
Date:** _____

Directions: Division 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	U	Unit-specific reference
	LA	Learning Activity (e.g. self-learning packet)	NA	Not applicable to this job classification
		Other (specify) _____		Other (specify) _____

	Date & Initials	Activity Type
A. Departmental or Unit-Specific Updates*		
1. Needs of Dying Patient	_____	_____
2. Pain Management	_____	_____
3. Procuring and donating organs and other tissues	_____	_____
4. PI Approaches and Methods	_____	_____
5. Patient Safety as part of job	_____	_____
6. Team building and willingness to report errors	_____	_____
7. CPR/BLS/ACLS	_____	_____
8. Restraint	_____	_____
9. Point of Care Testing	_____	_____
10. Impaired Physicians and LIPs	_____	_____

	Date & Initials	Activity Type
B. School of Medicine/ Hospital-Wide Periodic Updates		
1. Fire & Safety, Hazardous Communications and Emergency Preparedness	_____	_____
2. Infection Control	_____	_____
3. Ongoing SOM/hospital wide updates:		
• Abuse and Neglect		
• Cultural Diversity		
• Mission, Vision, Values		
• Patients Rights and Ethics		
4. Age-specific Competencies	_____	_____
5. HIPAA	_____	_____
6. PPD (as required)	_____	_____
7. Conflict of Interest (as required)	_____	_____

* as required by the unit/department

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C. Certifications (Please show full name)

Date &
Initials

Activity
Type

1.			
2.			
3.			

D. Continuing Education (Workshops, Inservices, etc.)

Date(s)

Contact
Sponsor

Hours

E. Formal Education/Coursework (List all for current year)

Completion
Date

Contact
Hours

1.			
2.			
3.			
4.			
5.			

F. Degree(s) Awarded

Date

1.		
2.		

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School of Medicine

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
_____	_____	_____
_____	_____	_____
_____	_____	_____