

**Emergency Protective Care (EPC) Hearing Experiential Training**

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| **Date** | **Attended** |
| June 14, 2019 |  |
| October 4, 2019 |  |

**Please check the box for the date you attended:**

**Please mark which session(s) you attended:**

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| **Time** | **Session** | **Attended** |
| 9:05 – 9:20 am | Welcome (.25 credits) |  |
| 9:20 – 10:40 am | Scenario One Simulation (1.25 credits) |  |
| 10:50 – 11:20 am | Scenario One Feedback & Discussion (.50 credits) |  |
| 11:20 am – 12:40 pm | Scenario Two Simulation (1.25 credits) |  |
| 1:30 – 2:00 pm | Scenario Two Feedback & Discussion (.50 credits) |  |
| 2:00 – 3:20 pm | Scenario Three Simulation (1.25 credits) |  |
| 3:30 – 4:00 pm | Scenario 3 Feedback & Discussion (.50 credits) |  |
| 4:00 – 4:30 pm | Discussion of Practice Implications & Next Steps (.50 credits) |  |
| **Total Credits Earned (6.00 Credits Possible)** | |  |

***This program has been accredited for 6.00 Total CJE Credits***

***Standard* Credits Earned: \_\_\_\_\_\_**

***Faculty* Credits Earned: \_\_\_\_\_\_**

**Total: \_\_\_\_\_\_**

I affirm that the information herein is complete and accurate, and that I attended the sessions selected above.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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*Susan Love, Judicial & Employee Education Program Manager Date* f \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To submit via email, please send to** [**StateCJECreditPetitions@courts.state.mn.us**](mailto:StateCJECreditPetitions@courts.state.mn.us)