**MINNESOTA JUDICIAL BRANCH**

2019 Emergency Protective Care (EPC) Hearing Experiential Training

Continuing Management Education (CME) Petition

**Please indicate which date you attended:**

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

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

|  |  |  |
| --- | --- | --- |
| **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)** |  |

**Total Number of Credits Attended: \_\_\_\_\_\_**

***This program has been accredited for 6 CME Credits***

I affirm that the information herein is complete and accurate, and that I did in fact attend the sessions selected above.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_