

In-Service/Staff Meeting Submission Form

Revised January 2022



INSTRUCTIONS:

Documentation of in-services or staff meetings may be provided on this form or on hospital letterhead. In-service and/or staff meeting attendance must have occurred within the past year, after your last renewal date. The subject matter must relate directly to Sterile Processing job performance. **This form is only to be used for in-service or staff meeting submissions. If you have completed other continuing education, it must be submitted separately.**

Your (Certificant's) Full Name _____

Your HSPA ID# _____

Printed Name of Manager/Supervisor: _____

Current Position Title of Manager/Supervisor: _____

Facility/Hospital: _____

Manager/Supervisor's Phone: _____

Manager/Supervisor's Signature: _____ **Date:** _____

HSPA 55 West Wacker Drive, Suite 501, Chicago, IL 60601 • Email: certification@myhspa.org • Fax: 312.440.9474

MANAGER/SUPERVISOR, PLEASE NOTE:

If the certificant is submitting a hospital transcript please provide your name, title & signature **directly on the transcript.**

Examples:	Reminder:
☺ In-Service/Staff Meeting Topic: <u>Patient Safety Goals</u> Duration <u>1/2 Hour</u> Date <u>11/28/2022</u>	1 hour equals 1 CE credit
☹ In-Service/Staff Meeting Topic: <u>Staff Meeting</u> Duration <u>5 Minutes</u> Date <u>November</u>	½ hour equals ½ CE credit
Specific Topic Required	Too Short
	Exact Date Required

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

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Total Amount of Continuing Education (CE) Credits

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