MUSC COMMUNITY TRAINING CENTER

ASSISTING INSTRUCTORS LIST

Name of Course:_____

Course Date(s):_____

	LAST NAME	FIRST NAME	MI	Training Center Affiliation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I have observed the above instructor(s)* and verified they have current knowledge/skills and should be accorded the provider status as well as the instructor status.

Monitored by:_____
                  Regional Faculty/ Training Center Faculty

    *Reason for Monitoring:
      _____Initial Recognition
      _____Renewal