

# **SIX DAY LECTURE CLASSES**

## **Friday Center – Chapel Hill**

This sheet is to be completed and submitted prior to licensure. If you need additional room, please attach a separate page.

Please give dates that you attended the classes in Chapel Hill.

_____	<b>MANAGEMENT</b>
_____	<b>RESIDENT CARE</b>
_____	<b>SURVEY PROCESS</b>
_____	<b>FINANCE</b>
_____	<b>PERSONNEL &amp; PERSONAL SURVIVAL</b>
_____	<b>INDUSTRY OVERVIEW</b>

**Please give a short evaluation of the above courses. Do you think any changes should be made and if so please give suggestions.**

**Please evaluate your preceptor. (This information is not shared with anyone; it will be used as a teaching tool at the Preceptor Seminar)**