

NAME _____

**SIX DAY LECTURE CLASSES
Raleigh, NC**

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 Raleigh, NC.

_____	INDUSTRY OVERVIEW
_____	LEADERSHIP/AIT SURVIVAL SKILLS AND EXAM PREP
_____	PERSONNEL AND PHARMACY
_____	RESIDENT CARE
_____	SURVEY PROCESS
_____	FINANCE

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)