SEIU UHW-WEST & JOINT EMPLOYER

EDUCATION FUND

Professional Education Survey

Name: _____

Employer: _____
(ex: Kaiser, CHW, DOCHS, HCA)

Facility: _____

Department: _____

E-mail: _____

Home/Work/Cell Phone: _____

Classification (**circle one):** RN LVN/CNA-Acute Care LVN/CNA-Long Term Care

Behavioral Health Professional Dietitian Respiratory Therapist

Rad Tech/Other Imaging Tech Audiologist/Speech Path. Other: _____

Location: **(circle one)** Los Angeles Inland Empire San Diego

Bay Area Central Coast Central Valley Las Vegas

Portland Colorado

Continuing Education

1. I am required to complete continuing education units to maintain my license or certificate
   Yes No
2. Have you taken courses with us before? Yes No
3. I would like to see the following CE workshops offered at the Education Fund (example: Law and Ethics, PTSD, Hemodynamic Monitoring, OB Updates, Trauma Radiology, Ventilators and Trach Care, Topics in Obesity and Diabetes, Memory Loss and Alzheimer's).

Course	Recommended Instructor and Contact Information

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