



IN-SERVICE DOCUMENTATION FORM

TO: (Clinic/Department) Staff

FROM: _____(Clinic/Practice Manager or Dept Director)

DATE:

RE: Title of Policy & Procedure for Review

Effective Date:

Purpose:

This in-service should be on the meeting agenda, the (Title of Policy & Procedure) signed by staff upon review, a copy maintained in the department/clinic in-service records, and documented in the meeting minutes.

Reviewed by Staff:

Name _____ Date _____ Name _____ Date _____

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(use additional sheets if necessary)

Total number of staff: _____ Number Staff Attending: _____ %Compliance _____

Original: Send to Compliance/QA

Copy: Maintain copy in department/clinic in-service records

Original Date: October 24, 2013

Revised Date:

Approved Date: October 30, 2013