

TRAINING UPDATE

Lab Location:	GEC, SGMC & WAH	Date Distributed:	11/24/2015
Department:	All	Due Date:	12/15/2015
		Implementation:	12/15/2015

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Continuing Education GEC/ SGAH/ WAH.QA02 v1 Continuing Education Request AG.F342.0 Program Roster AG.F341.0
Description of change(s):
<p>FORMS placed under document control and QD logo updated</p> <p>SOP revised to attach newly numbered forms</p> <p>The revised SOP and FORMS will be implemented on December 15, 2015</p>

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training (version 1)

Non-Technical SOP

Title	Continuing Education	
Prepared by	Leslie Barrett	Date: 2/2/2009
Owner	Cynthia Bowman-Gholston	Date: 2/2/2009

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date

Review:		
Print Name	Signature	Date

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1. PURPOSE

Continuing education is essential to an individual's professional development. This is especially true in the rapidly changing field of clinical laboratory science. This policy is intended to broaden the scope of an employee's technical and clinical knowledge; stimulate his/her interest in other areas, techniques, and procedures; and provide him/her with the current information needed to respond accurately to the requirements of customers. All pertinent continuing education must be documented.

2. SCOPE

This policy applies to all Laboratory personnel

3. RESPONSIBILITY

1. It is the responsibility of all laboratory personnel to participate in continuing education and document attendance via a Program Roster form ([refer to Related Documents ~~appendix A~~](#)).
2. It is the responsibility of the manager or supervisor to maintain copies of attendance in the training files.
3. The employee's continuing education participation shall be reviewed with the employee during the annual review.
4. It is the responsibility of the department management to allow employees adequate time to attend recommended training classes and seminars.

4. DEFINITIONS

Pertinent Continuing Education:

Job-related and/or other pertinent information presented to employees through training classes, lecture, skill lab, trainer-guided self-study programs, written material, computer, teleconference, audio or videotape. On-line Continuing Education seminars are available on the Quest Diagnostics, Inc., Internet Web Site. Other training is located on the Quest Diagnostics Intranet site. The supervisor will determine if a particular educational experience is considered to be pertinent under this Policy.

5. PROCEDURE

1. Educational opportunities may be communicated via computer messages, bulletin boards or mailings.
2. Managers and supervisors must provide a Program Roster and obtain staff signature to document attendance at internal or onsite educational sessions.
3. Staff members must obtain prior supervisory approval to attend off-site sessions and any that require a registration fee.
 - a. A Continuing Education Request form must be completed (refer to Related Documents ~~see appendix B~~).
 - b. Staff must complete a Program Roster form after attending an off-site session.
 - c. A copy of the program schedule/agenda may be attached as appropriate.
 - d. Proof of attendance must be provided to obtain reimbursement for registration fees.
4. Certificates issued to attendees at live presentations are also retained in training files.

6. RELATED DOCUMENTS

Program Roster (AG.F341)
 Continuing Education Request (AG.F342)

7. REFERENCES

NA

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP QA104.002		
000	10/27/15	Section 3 & 5: update location of forms Section 6: move forms from section 9 Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett	C Bowman

9. ADDENDA AND APPENDICES

None

- ~~A. Program Roster form (see Attachment Tab of Infocard)~~
~~B. Continuing Education Request (see Attachment Tab of Infocard)~~

Form revised 3/31/00

Continuing Education Request

Date of Submission: _____

Requestor Name: _____

Sponsor: _____

Session Date: _____ **Session Time:** _____

Session Title: _____

Registration Cost: _____

Employee Signature: _____

Supervisor Signature: _____

Manager Signature: _____

This request must be submitted with a copy of the session information sheet attached. In order to be reimbursed, you must provide your supervisor/manager with a copy of your certificate the day you return to work.

PROGRAM ROSTER

Program Title: _____

Date: _____

Start Time: _____ End Time: _____ Clock Hours: _____

Class Coordinator: _____

Dept (GEC; SGMC; WAH): _____ Room: _____

of pages for this class roster: _____

Category: (Choose 1)	<input type="checkbox"/> Technical	<input type="checkbox"/> Non-Technical	<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Safety	<input type="checkbox"/> General	<input type="checkbox"/> Compliance	<input type="checkbox"/> IT	
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PLEASE PRINT CLEARLY – unclear handwriting WILL NOT be data entered

	Employee ID <i>REQUIRED</i>	LAST NAME	FIRST NAME	Signature	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

PROGRAM ROSTER

Program Title:		Date:			
	Employee ID <i>REQUIRED</i>	LAST NAME	FIRST NAME	Signature	
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
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27.					
28.					
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