



TTT SERIES IMPLEMENTATION WORKSHEET

This form is to be used every time a SCAN TTT course has been trained at your facility. Please return all completed worksheets to askthetrainer@scanhealthplan.com

TRAINER: _____

GROUP/IPA NAME: _____

ADDRESS: _____

Phone number: _____

Email Address: _____

COURSE INFORMATION:

Course Topic	
Teaching Format (on-site meetings/lectures, webinars, self-paced presentation, videos, etc.)	
Number of Sessions Taught	
Date(s) of Training	

LIST OF PEOPLE WHO ATTENDED:

Names of Attendee	Job Title (MA, LVN, RN, Office manager, etc.)	Date of Session

If you have more than 8 attendees per session, please add a separate sheet listing all the staff members' information. Thank you.



EXAMPLE:

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TRAINER: Suzy Que

GROUP/IPA NAME: Dr. Charlie Brown, Internist, Happy Valley Medical Group (IPA)

ADDRESS: 123 Main Street, Suite 100

Any Town, California 91234

Phone number: 949/123-4567 (Cell)

Email Address: sque@happyvalley.com

COURSE INFORMATION:

Course Topic	Care Coordination
Teaching Format (on-site meetings/lectures, webinars, self-paced presentation, videos, etc.)	Bimonthly Staff Meeting (On-site lectures)
Number of Sessions Taught	2
Date(s) of Training	March 3 rd , 2021 and March 17 th , 2021

LIST OF PEOPLE WHO ATTENDED:

Names of Attendee	Job Title (MA, LVN, Office Manager)	Date of Session Attended
Mary Kay Burns	Medical Assistant	March 3th
Sean Berek	LVN	March 17th

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