



childrenscolorado.org/CCHDScree	enind	а
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p: **720-777-6820**

Critical Congenital Heart Disease Screening Program

TRAINING LOG

(For the records of unit managers or nursing educators)

Employee Name and Title	Date	Completion of Competency Checklist		Manager Initials
		Yes	No	
			ı	J
* Each employee responsible for perform competency checklist prior to participat		screening m	ethods shoul	d complete the
Unit:				
Manager Name (Printed):				
Manager Signature:				