Minnesota Department of Health 

# Attendance tracking form for preceptors and residents

PHN residency for new graduates

Following component completion, indicate the date completed.   
Completion of each component = 1 contact hour.

## Components

**Month 3**: Depression and parenting case study Date completed:

**Month 3**: Looping experiences (minimum 1) Date completed:

**Month 4**: Intimate partner violence case study Date completed:

**Month 4**: Evidence-based practice reviewDate completed:

**Month 5**: Culturally sensitive care case study Date completed:

**Month 5**: Culture, religion, and TB care case studyDate completed:

**Month 5**: Non-judgmental care resources Date completed:

**Month 5**: Conflict management resourcesDate completed:

**Month 6**: Child maltreatment case studyDate completed:

**Month 7**: Outbreak investigation case studyDate completed:

**Month 7**: Vulnerable adult case study  **D**ate completed:

**Month 7**: Ethical concerns and interventionsDate completed:

**Month 8**: Trauma-informed care case studyDate completed:

**Month 9**: Case presentation / challenging clinical casesDate completed:

**Months 1-12**: Completion/review of   
professional development plan Date completed:

## Signature

**Name**:       **Signature**:

Please retain this tracker for your records.

You are responsible for determining whether each component meets the requirements for acceptable continuing education hours.

Evaluations for this program are scheduled at 3, 6, and 12 months. After submitting each evaluation, you will receive an email with a certificate of completion to be used for continuing education.

Minnesota Department of Health  
Center for Public Health Practice  
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[www.health.state.mn.us/phnresidency](http://www.health.state.mn.us/phnresidency)

December 2022. To obtain this information in a different format, call: 651-201-3880.