

**SLU TRAINING QUESTIONNAIRE**

**Name:** \_\_\_\_\_ **Date of Training:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Name of Conference/Training:** \_\_\_\_\_

**Location of Conference/Training:** \_\_\_\_\_

**Please give a general description of the above conference/program and any training you may have received there.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who sponsored the above program?** \_\_\_\_\_

\_\_\_\_\_

**Did you receive any licenses or certificates of completion? (If so, please attach a copy of the certificate or license for verification.)**

\_\_\_\_\_

**Was this training a job requirement, skill enhancement, compliance, job enrichment or development?**

\_\_\_\_\_  
\_\_\_\_\_

**Are the above programs offered annually, monthly or only as required?** \_\_\_\_\_

\_\_\_\_\_

**Any additional comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_