Data Entry By\_\_\_\_\_\_\_\_\_\_\_

**COURSE CODE:** DAHS-NGNSPHHORT20

**COURSE NAME:** Safe Patient Handling Hands-on Refresher Training

**COURSE START DATE:** Click or tap to enter a date. **COURSE END DATE:** Click or tap to enter a date.

**Name must be printed clearly, if not may delay data entry**

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When complete, return to [hs-cppn@ucdavis.edu](mailto:hs-cppn@ucdavis.edu)