



# STUDENT TRAINING LOG - BEDSIDE GLUCOSE

Instructor Name: \_\_\_\_\_ Instructor ID: \_\_\_\_\_

Instructor Email: \_\_\_\_\_ Training Date: \_\_\_\_\_

Department or Unit	Student Name (Please print)	McLaren St. Luke's Student ID Number	Quiz Score	Controls Run (Yes/No)

I verify the above students have viewed the glucometer PowerPoint, completed the test, and quality control in my presence.

Instructor Signature: \_\_\_\_\_ Time/Date: \_\_\_\_\_

**Return form to the Education & Training Office.**

<b>Office Use Only:</b> Scan copy to Jennifer Rand in the Lab Department. Date Scanned: _____
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