

St. Clair County Community Mental Health Authority  
**Conference/Training/Workshop Follow-Up Report**

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This form must be completed within one (1) week following the conference/workshop attended.

**SECTION I**

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date(s) Attended: \_\_\_\_\_

Name of Conference/Workshop: \_\_\_\_\_

Hours of Credit for Training: \_\_\_\_\_

Are these Social Work CE Credits? ☐ Yes ☐ No

**SECTION II**

I would ☐ would not ☐ recommend this conference to others.

Write a brief synopsis of the content of the conference. \_\_\_\_\_

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Describe three (3) ways you will apply what you learned from the conference to your areas of responsibility.  
When will you start?

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cc: Program Supervisor  
Division Director  
Assistant Division Director  
HR Manager