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| Training Activity Log - Healthcare Professional Smoking Cessation Brief Intervention Training |
|   | **Date** | **Type of training session** | **Setting** | **Training content** | **# of attendees** | **Department/staff member** | **Estimated duration (mins)** | **Approach/Comments** | **Outcomes/Future opportunities**  |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |