

**North Carolina Immunization Program  
EMPLOYEE IMMUNIZATION EDUCATION ROSTER**

Employee Name: \_\_\_\_\_

	<b>Date:</b>	<b>Name of Continued Education/Training:</b>	<b>Sponsored or Instructed By:</b>	<b>Type:</b> (In person, On- line, Webinar, Conference)	<b>Contact /CEU Hours:</b>
1					
2					
3					
4					
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10					
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12					
13					
14					
15					

**\*Please keep a roster for each staff member.**

Updated May 2025