

Course Name:						Units of Competency:					
Enteral (Tu	ube) Feeding										
Duration: 6 Hours					Cost: \$0						
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		23 <sup>rd</sup>									
Course Name:						Units of Competency:					
Epilepsy management											
Duration: 3 Hours						Cost: \$0					
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		18 <sup>th</sup>	23 <sup>rd</sup>								
Course Name:						Units of Competency:					
Course Na	ame:					Units of Cor	npetency:				
	a <b>me:</b> dent review ar	nd follow up				Units of Cor	npetency:				
Client incid		nd follow up				Units of Cor Cost: \$0	npetency:				
Client incid	dent review ar	nd follow up JUL	AUG	SEP	ОСТ		npetency: DEC	JAN	FEB	MAR	APR
Client incid Duration	dent review ar a: <b>3 Hours</b>		AUG 26 <sup>th</sup>	SEP	OCT	Cost: \$0		JAN	FEB	MAR	APR
Client incid Duration MAY	dent review ar a: <b>3 Hours</b> JUN 5 <sup>th</sup>			SEP	OCT	Cost: \$0 NOV	DEC	JAN	FEB	MAR	APR
Client incid Duration MAY Course Na	dent review ar <b>: 3 Hours</b> JUN 5 <sup>th</sup> ame:	JUL	26 <sup>th</sup>	SEP	OCT	Cost: \$0 NOV Units of Cor	DEC				
Client incid Duration MAY Course Na	dent review ar <b>: 3 Hours</b> JUN 5 <sup>th</sup> ame:		26 <sup>th</sup>	SEP	OCT	Cost: \$0 NOV Units of Cor PADBGM P/	DEC	ose Monitori	ng First Practi	ce Assessme	ent
Client incid Duration MAY Course Na Diabetes tr	dent review ar <b>: 3 Hours</b> JUN 5 <sup>th</sup> ame:	JUL	26 <sup>th</sup>	SEP	OCT	Cost: \$0 NOV Units of Cor PADBGM P/	DEC npetency: A: Blood Gluc	ose Monitori	ng First Practi	ce Assessme	ent
Client incid Duration MAY Course Na Diabetes tr	dent review ar <b>3 Hours</b> JUN 5 <sup>th</sup> ame: raining and fir	JUL	26 <sup>th</sup>	SEP	OCT	Cost: \$0 NOV Units of Cor PADBGM P/ PASUBC PA	DEC npetency: A: Blood Gluc	ose Monitori	ng First Practi	ce Assessme	ent