**IPNA Teaching Course Final Report**

**General information**

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| --- | --- |
| Title of Teaching Course |  |
| Date(s) |  |
| Location |  |
| Course director |  |
| Your name and position – if different from the course director |  |
| Contact email |  |

**Type of the Teaching Course:**

[ ]  Physical In Person Meeting [ ]  Hybrid Meeting (In Person and Virtual) [ ]  Virtual Meeting

**TC attendance (numbers)**

|  |  |
| --- | --- |
| Total attendance(If multiple days, identify only unique attendees for TC) |  |
| Speakers: Local |  |
| Speakers: International |  |
| Pediatric Nephrologists |  |
| Pediatricians |  |
| Adult/General Nephrologists |  |
| Non-Pediatric, non-Nephrologist Physicians |  |
| Pediatric Nephrology trainees (Fellows) |  |
| Residents and medical students |  |
| Allied health professionals (nurses, dieticians, social workers, etc.) |  |
| Other attendees |  |

**Teaching course impact**

*Has the course met yours and attendees´ expectations?*

[ ]  Yes [ ]  No

Please provide details for the response

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*Is there expected program development or changes in delivery of care in your region expected to result from the course?*

[ ]  Yes [ ]  No

Please provide details for the response

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*Are there existing programs that benefit from strengthening knowledge and/or competencies as a result of the course?*

[ ]  Yes [ ]  No

Please provide details for the response

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**Financial Report**

**List the expenditures covered by the program budget** (add more rows if needed).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Item** | **Price per item (USD)** | **Number of items** | **Total amount (USD)** |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL** |  |

*Evaluation of the given presentations (include narrative feedback from attendees, or feedback from administrators/patients on the quality of the program; may attach supplemental reports)*

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*Would you apply for IPNA teaching course again?*

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*How can the IPNA teaching courses program be improved?*

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**SIGNATURE: Teaching Course Organizer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  Signature: |  |  Date: |  |