

**OUTREACH REPORTING FORM (February, 2000)**

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: November 2, 2002

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Multi-Disciplinary Program in Geriatrics for Non-Physicians

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Heartland Community College

## 6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Bloomington-Normal B.STATE: IL C. ZIP CODE: 61761-9446

D. COUNTY: McClean E. CONGRESSIONAL DISTRICT: 15

7. LENGTH OF ACTIVITY (HOURS): 1.5 8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%)  YES  NO

## 11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS		78	
LIBRARIANS			
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL		78	

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Charniel McDaniels 312.996.8996

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

**OUTREACH REPORTING FORM (February, 2000)**

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: November 9, 2001

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Michigan Library Association

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Lansing B.STATE: MI C. ZIP CODE: 48911-6909

D. COUNTY: Ingham E. CONGRESSIONAL DISTRICT: MI 8

7. LENGTH OF ACTIVITY (HOURS): 1.25 8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%)  YES  NO

11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS		40	
LIBRARIANS			
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	40	0

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.8480

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

**OUTREACH REPORTING FORM (February, 2000)**

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: November 30, 2001

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Library of the Health Sciences, University of Illinois at Chicago

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: Library of the Health Sciences, University of Illinois at Chicago

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION): Circle Family Care

## 6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Chicago B.STATE: IL C. ZIP CODE: 60651

D. COUNTY: Cook E. CONGRESSIONAL DISTRICT:

7. LENGTH OF ACTIVITY (HOURS): 2 8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%)  YES  NO

## 11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS		7	
NURSES		9	
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS		4	
LIBRARIANS			
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	20	0

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Susan Jacobson, 312.996.8974

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

**OUTREACH REPORTING FORM (February, 2000)**

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: December 5, 2001

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Library of the Health Sciences, University of Illinois at Chicago

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: Library of the Health Sciences, University of Illinois at Chicago

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION): Erie Family Health Center

## 6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Chicago

B. STATE: IL

C. ZIP CODE: 60622

D. COUNTY: Cook

E. CONGRESSIONAL DISTRICT:

7. LENGTH OF ACTIVITY (HOURS): 2

8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%)  
 YES  NO

## 11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS		4	
NURSES		9	
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS		6	
LIBRARIANS			
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	19	0

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Susan Jacobson, 312.996.8974

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

**OUTREACH REPORTING FORM (February, 2000)**

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: January 7, 2002

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Cook County Hospital

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

## 6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Chicago

B. STATE: IL

C. ZIP CODE: 60612-9985

D. COUNTY: Cook

E. CONGRESSIONAL DISTRICT: IL 7

7. LENGTH OF ACTIVITY (HOURS): 1

8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF  YES  NO  
 MINORITIES PRESENT (>50%)

## 11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS	23		
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	3		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	26	0	0

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Chris Shaffer, 312.996.7791

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

**OUTREACH REPORTING FORM (February, 2000)**

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: January 9, 2002

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Chicago and South Consortium

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Governor's State University

## 6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: University Park

B.STATE: IL

C. ZIP CODE: 60466-0975

D. COUNTY: Cook

E. CONGRESSIONAL DISTRICT: IL 11

7. LENGTH OF ACTIVITY (HOURS): 2

8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%)  
 YES  NO

## 11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	17		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	17	0	0

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Chris Shaffer, 312.996.7791

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

**OUTREACH REPORTING FORM (February, 2000)**

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: January 12, 2002

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Iowa City Public Library

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: Iowa City Public Library

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

## 6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Iowa City

B. STATE: IA

C. ZIP CODE: 52240

D. COUNTY: Johnson

E. CONGRESSIONAL DISTRICT: Iowa – First District

7. LENGTH OF ACTIVITY (HOURS): 1

8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%)  
 YES  NO

## 11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS			
NURSES	1		
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS		2	
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	1	2	0

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Kara Logsden 319.356.5200 ext 155

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

**OUTREACH REPORTING FORM (February, 2000)**  
 (Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: January 20, 2002

2. TYPE OF ACTIVITY:  NLM SYSTEM SESSION  TECHNOLOGY AWARENESS  
 OTHER INTERNET SESSION  TRAIN THE TRAINER  
 OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: University of Iowa Hospitals and Clinics

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: Iowa City Public Library

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION): Patients' Library

6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Iowa City

B.STATE: IA

C. ZIP CODE: 52240

D. COUNTY: Johnson

E. CONGRESSIONAL DISTRICT: Iowa – First District

7. LENGTH OF ACTIVITY (HOURS): 2

8. HANDS ON PRACTICE:  YES  NO

9. CEU  YES  NO  
 CME  YES  NO  
 NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%)  YES  NO

11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED <sup>1</sup>	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	1	1	
CONSUMERS			18
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	1	1	18

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Kara Logsdon 319.356.5200 ext 155

<sup>1</sup> Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.