



**DEPARTMENT OF HEALTH  
NATIONAL CENTER FOR MENTAL HEALTH  
PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE  
POST-TRAINING COMPLETION REPORT**

*PETRO Post  
Training  
Completion  
Rev. 0  
21 Feb 2022*

**I. Title of Document**

**II. Date of Activity**

**III. Office**

**IV. Background / Rationale of the Training**

**V. Objectives**

**VI. List of Participants / Resource Speaker or Learning Provider**

**VII. Proceedings According to Program**

**VIII. Summary of Evaluation and Other Assessment Tools**

**IX. Learning or Insight**

**X. Conclusion**

**Prepared by:**

\_\_\_\_\_  
(Signature over Printed Name)  
Name of Participant

**Noted by:**

\_\_\_\_\_  
Chief of Section / Office