

Village Service Partner (Vendor) Training Request Form

To obtain approval to provide training to DaVita teammates and/or patients, all Vendors must complete this request form and submit to the Clinical VSP Oversight Committee:

VSPRequests@davita.com, at least one month prior to the proposed event, and include all relevant educational training materials.

Vendor: _____

Vendor Representative Name: _____

Vendor Representative Email: _____

Vendor Representative Phone #: _____

Vendor Course Name: _____

Vendor Course #/Version: _____

Audience for In-Service Training/Handout:

Describe Intended use of In-Service Training:

How will In-Service Training be implemented?

For Internal Use Only:

Date Reviewed by Clinical VSP Oversight Committee: _____

Approved by Clinical VSP Oversight Committee: _____

Yes No