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**NTRAC FY 2013-14 Needs Assessment**

Purpose: To accurately identify the needs of each NTRAC member organization and to ensure funds are prioritized to target those areas that assistance will have the greatest impact on patient care.

Name of Organization: \_\_\_\_\_

Mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

Primary contact name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

NTRAC representatives: \_\_\_\_\_

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**Educational needs**

Course	# needing certification	# needing recertification	Matching funds available (Y or N)

**Equipment needs**

Equipment description	Quantity	Anticipated cost	Matching funds available (Y or N)

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1. Please list any certified instructors within your facility and note the instructor's certification (s) i.e. BCLS, ACLS, Car Safety Seat Inspector, etc.

**Name**

**Certification (s)**

_____	_____
_____	_____
_____	_____
_____	_____

2. Is your organization interested in hosting education or injury prevention programs? \_\_\_\_\_

If so, what type of programs are you interesting in hosting?

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ date: \_\_\_\_\_

Return completed form by **December 1, 2013** to Melissa Whitelaw - melissa.whitelaw@ntrac.org.

