

Pfizer Mini-Medical School  
Community Health Education Outreach Program  
SUNY Downstate Medical Center  
Educational Program Completion Report

1. Your Name

Your Organization's Name

Today's Date:

2. Title of Program

3. Date Program was Held and Location

4. Number Who Attended

5. Did you attain your goals/objectives? What would you do differently?

Positives

Any Negatives?

Should this topic be offered again?

6. Submit the following to the Office of Student Affairs (Room 114, BSB)

- a. Your receipts for pre-program expenditures
- b. 5 or more photographs from the program.
- c. A copy of the attendance list