

Date of Administration\*:

**Provider's Name**

First:

Middle:

Last:

**ELSS Name**

First:

Last:

**Fill out the questions below to close out the provider's program.**

Note: a completed program is defined as completing 24 (half) or more of the total scheduled visits.

**Has the provider completed 24 or more visits?**

Yes

No

What is the primary reason for completing less than 23 visits?

- Conflicts with provider's education
- Dissatisfied with program
- Exited the field/closed
- Health/medical reason
- Immigration issues
- Moved
- Started another quality improvement initiative
- Other