RECORD OF STAFF TRAINING AND EDUCATION FOLLOWING EMPLOYMENT

EMPLOYEE'S NAME: _____ **POSITION:** _____

TITLE/SUBJECT	TRAINER/EDUCATOR (PERSON, AGENCY, ORGANIZATION) (Include qualifications if applicable)	NUMBER OF HOURS	DATE(S) ATTENDED	ADDITIONAL INFORMATION IF NEEDED

Record of Staff Training and Education Following Employment

TITLE/SUBJECT	TRAINER/EDUCATOR (PERSON, AGENCY, ORGANIZATION) (Include qualifications if applicable)	NUMBER OF HOURS	DATE(S) ATTENDED	ADDITIONAL INFORMATION IF NEEDED