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

NOTE: SOME STAFF TRAINING/EDUCATION IS REQUIRED BY THE STANDARDS TO INCLUDE SPECIFIC COURSE CONTENT.

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