VDSS MODEL FORM – ALF

RECORD OF STAFF TRAINING AND EDUCATION FOLLOWING EMPLOYMENT

STAFF PERSON'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.

ME:
.ME:

TITLE/SUBJECT	TRAINER/EDUCATOR (PERSON, AGENCY, ORGANIZATION) (Include qualifications if applicable)	NUMBER OF HOURS	DATE(S) ATTENDED	ADDITIONAL INFORMATION IF NEEDED
022.05.0520.02(02/18)				

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