ANNUAL TRAINING REPORT

(10 hours attachment related training required annually) Printed Name_____

Attachment related training	trainer	Date(s)	Hours earned	Trng Type *

*****Training Type: **D**idactic; **H**ands-on; **S**upervision

I certify I attended the above training, and that all statements made in this report are true statements.

Signature: _____ Date: _____