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Training Record

Date of training:	
Subject:	
Length of session:	
Trainer(s):	
Attendees:	List attached ____ Yes / ____ No
Teaching methods:	a)
	b)
	c)
	d)
	e)
Training Materials:	Materials attached ____ Yes / ____ No
	If not, where are they stored? _____
Feedback method:	____ Observation
	____ Written test (attach copy if possible)
	____ Other (describe) _____