

# TWELVE MONTH TRAINING RECORD

NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ TRAINING PERIOD \_\_\_\_\_ TO \_\_\_\_\_

CPR and FIRST AID DATE \_\_\_\_\_

RENEWAL DATE \_\_\_\_\_

SHAKEN BABY AND SIDS DATE \_\_\_\_\_

PRESERVICE TRAINING DATE \_\_\_\_\_

Date of training	Title or Description of Training	Instructor/ Sponsor	# of hours
TOTAL # OF HOURS			