



STAFF TRAINING CERTIFICATION

Oct. 1, 20 ____ through Sept. 30, 20 ____

Please Check Applicable Tier Level		Bronze <input type="checkbox"/> 18 Clock Hours	Silver <input type="checkbox"/> 24 Clock Hours	Gold <input type="checkbox"/> 30 Clock Hours
Provider Name				
Provider Address				
Director/Owner				
STAFF MEMBER Name/Title	LIST OF TRAINING TOPIC(S) COMPLETED	TOTAL NUMBER OF HOURS OF TRAINING	DATE(S) OF TRAINING	REASON FOR NOT COMPLETING REQUIRED TRAINING HOURS



STAFF MEMBER Name/Title	LIST OF TRAINING TOPIC(S) COMPLETED	TOTAL NUMBER OF HOURS OF TRAINING	DATE(S) OF TRAINING	REASON FOR NOT COMPLETING REQUIRED TRAINING HOURS



EDUCATION

STAFF MEMBER Name/Title	LIST OF TRAINING TOPIC(S) COMPLETED	TOTAL NUMBER OF HOURS OF TRAINING	DATE(S) OF TRAINING	REASON FOR NOT COMPLETING REQUIRED TRAINING HOURS



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Oct. 1, 20 ___ through Sept. 30, 20 ___

**INSTRUCTIONS FOR COMPLETING THE STAFF TRAINING
CERTIFICATION FORM**

1. **PROVIDER NAME:** Type name of organization.
2. **PROVIDER ADDRESS:** Type address where organization receives mail.
3. **PERIOD:** 10/___ to 09/___ – No additional information is needed.
4. **DIRECTOR/OWNER:** Type appropriate name.
5. **STAFF:** List each current staff member giving their name and title. Use as many pages as needed.
6. **LIST THREE TOPICS:** All topics/areas in which the staff member received training during the period 10/___ to 09/___.
7. **TOTAL NUMBER OF HOURS:** List the total number of training hours completed during the period 10/___ to 09/___ for each staff member.
8. **REASON FOR NOT RECEIVING THE REQUIRED NUMBER OF CLOCK HOURS:** If a staff member has not completed clock hours as required during the period 10/___ to 09/___, indicate the reason.
9. **CERIFICATION OF STAFF TRAINING:** Include the information requested on the two (2) program staff who are certifying that the information is correct and on file. Persons certifying may include the director, owner or assistant director. Each person should sign and date the form. The certification **does not** have to be notarized.