

**The Information Center
Self Determination in Long Term Care Program
TRAINING RECORD**

Employee Name: _____

Employer Name: _____

Please initial each training requirement as you complete them and sign the bottom of the form when you have all three requirements completed. Please return this document to the Region VII Area Agency on Aging Support Coordinator in the self addressed stamped envelope that has been provided for your use.

Employee Initials:

- 1.) I have completed the CPR training materials and feel I could perform CPR in case of an emergency. _____

- 2.) I have read the material on bloodborne pathogens and the use of universal precautions and feel I am well informed about bloodborne pathogens and the use of universal precautions. _____

- 3.) I have read the First Aid reference guide on basic first aid and feel I could perform basic first aid if needed. _____

- 4.) I have read and understand the training on Corporate Compliance, Ethics & Deficit Reduction Act. _____

I attest that the above information is true and that I have completed all three training requirements.

Employee Signature

Date

I have further training in the following areas:

Completion date:

Comments: _____

