**TRAINING ATTENDANCE FORM**

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| --- | --- | --- | --- |
| **Title of Session**  (If CPI, list CPI# and title) | Click or tap here to enter text. | **Approximate Length of Session:** | Click or tap here to enter text. |
| **Purpose of Session**  (Mark all that apply) | Meeting  HR Required  Informational  Formal Training  Retraining  New CPI  Revised CPI  Software  Other (*Specify*): Click or tap here to enter text. | | |
| **Tools/Methods Used**  (Mark all that apply) | CPI  Discussion  Observation  Existing Training Program  Worksheet  Demonstration  Lecture  Agenda/List of Objectives  Test  Practice  Other (*Specify*): Click or tap here to enter text. | | |

\*The Trainee’s signature indicates that information presented is understood and questions have been answered. Do not sign if further explanation is needed or unanswered questions exist. Do not sign until after training has been completed.

\*\*The Trainer’s signature indicates that the Trainer finds that the information presented is understood by the Trainee(s).

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| **Attendee/Trainee Name** | **Department** | **Attendee/Trainee Signature\*** | **Date** (DD/MM/YYYY) |
| 1. Click or tap here to enter text. | Tissue  Other (Specify):  Click or tap here to enter text. | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A  See attached document | Click or tap to enter a date. |
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| **Trainer Signature(s)\*\*** | | | |
| The Trainer verifies that the following attendees attended the training session described above and have had all questions answered (check one):  All the attendees listed  The following attendees: Click or tap here to enter text.  **Name of Trainer(s):** Click or tap here to enter text.  **Trainer Signature(s):** **Date** (DD/MM/YYYY)**:** Click or tap to enter a date. | | | |