



## TRAINING REQUIREMENT VERIFICATION OF 12 HOUR

Employee Name: \_\_\_\_\_  
(print employee name)

This is a statement of verification that the above named employee has fully completed  
**12 HOURS OF RELEVANT TRAINING FOR THE YEAR:**  
\_\_\_\_\_  
(year)

Detailed information related to all training sessions is on file with:  
\_\_\_\_\_  
(agency name)

and includes: the date, duration, topic(s) covered; training method (ie. video; written material; workshop, etc.) and name of the trainer for each training module or session.

**(Children Come First may request this information at any time for quality assurance purposes).**

<i>Agency Director/Designee:</i>	<i>Employee:</i>
_____ Agency Director/Designee Signature	_____ Employee Signature
_____ Print Name	_____ Print Name
_____ Date Signed	_____ Date Signed