



The Source for Seniors

SELF DETERMINATION OPTION EMPLOYEE TRAINING RECORD

Participant Name: _____

Employee Name: _____

Please check only those that apply:

1. I have read the CPR training materials. I believe I could perform CPR in case of an emergency.

_____ (employee initials) _____ (date)

2. I have read the material on blood borne pathogens and the use of universal precautions. I believe I am well informed about blood borne pathogens and the use of universal precautions.

_____ (employee initials) _____ (date)

3. I have read the First Aid reference guide on basic first aid. I believe I could perform basic first aid if needed.

_____ (employee initials) _____ (date)

I have specialized training in the following areas:

Completion Date:

Employee Signature

Date