

**Northern Healthcare Management
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.

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 aide and feel I could perform basic first aid if needed. _____

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: _____

Date received at Northern Healthcare Management: _____

WA Agent Staff confirming receipt of document: _____