

**Region VII Area Agency on Aging  
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 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 Region VII: \_\_\_\_\_

WA Agent Staff confirming receipt of document: \_\_\_\_\_