



RECORD OF TRAINING – DEPARTMENT OF CHILD SERVICES (DCS) EMPLOYEE

State Form 54819 (10-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: *In order to receive credit for this training. DCS Employee MUST:*

1. *complete Part A prior to training and,*
2. *have training staff complete Part B at the training site.*

NOTE: *DCS Employee must also have the appropriate supervisory person complete Part C prior to distribution.*

PART A

I hereby attest that I participated in the following training:

Name of training		Actual number of hours of participation
Location of training (<i>number and street, city, state, and ZIP code</i>)		Number of credit hours *
Date(s) of training (<i>month, day, year</i>) From: _____ To: _____		* Based on: ½ day = 3 hours 1 day = 6 hours
Signature of trainee		Date (<i>month, day, year</i>)
Printed name of trainee	Name of DCS office	

PART B

Attendance confirmed by:

Signature of trainer	Title	Date (<i>month, day, year</i>)
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PART C

Supervisory approval for training:

Signature of supervisor		Date (<i>month, day, year</i>)
Printed name of supervisor	Title	Name of DCS office

DISTRIBUTION: One copy to the DCS Employee; One copy for Employee Fact File