



RECORD OF TRAINING – FOSTER / RESOURCE PARENTS

State Form 46455 (R3 / 10-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: All in-service training curriculum must be related to the roles of the resource parent(s) in working with families and children and be approved by the department. Foster parent(s) must complete this form when no certificate of attendance is given for training attended. Foster parent(s) must complete Part A. The training registrar must complete Part B. This form must be returned to the licensing worker.

PART A

I hereby attest that I participated in the following training:

Name of training	Actual number of hours of participation
Location of training (number and street, city, state, and ZIP code)	
Date(s) of training (month, day, year) From: _____ To: _____	Licensing county
Signature of trainee	Printed name of trainee
	Date (month, day, year)

PART B

Attendance confirmed by:

Signature of training registrar	Date (month, day, year)
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DISTRIBUTION: One copy to the foster parents; One copy to the licensing worker