INSTRUCTIONS: Licensed foster parent will complete one form per year to record in-service training hours and attach copies of all training certificates. One licensed foster parent per form. Licensing staff will receive this form and maintain it in the licensing file.

| Name of foster parent | County of foster home |
| :--- | :--- | :--- |
| Date of pre-service certification (month, day, year) | Current licensure year |


| MEDICAL TRAINING |  |
| :--- | :--- |
| Cardiopulmonary resuscitation (CPR) completion date (month, day, year) | Date recertification due (month, day, year) |
| First aid completion date (month, day, year) | Date recertification due (month, day, year) |
| Universal precautions completion date (month, day, year) | Date recertification due (month, day, year) |

## CARRY OVER HOURS

| Number of previous in-service hours | Number of previous alternative in-service hours | Total number of hours allowed to carry over from the previous licensure year |
| :--- | :--- | :--- |


| CURRENT IN-SERVICE TRAINING (Attach additional sheet, if necessary.) |  |  |  |
| :--- | :--- | :--- | :--- |
| Title of Training | Date attended (month, day, year) | Hours Earned | Total Hours |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |


| CURRENT ALTERNATIVE IN-SERVICE TRAINING |  |  |  |
| :--- | :--- | :--- | :--- |
| Title of Training | Date attended (month, day, year) | Hours Earned | Total Hours |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |


| Signature of foster parent | Printed name of foster parent | Date of signature (month, day, year) |
| :--- | :--- | :--- |

