

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)			Curren	nt 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)				
OARDY OVER HOURS							
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 of the previous licensur							
Number of previous in-service nours	Number of previous after	mative 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				attended (month,		Hours Earned	Total Hours
Signature of foster parent Printed name		Printed name of	of foster parent			Date of signature (month, day, year)	