

DOCUMENTATION FOR INDEPENDENT TRAINING

Trainee's Name: _____ Workstation: _____

Date(s) of Training: _____ Length of Training: _____

Type of Training: Audio Video Other: _____

Title: _____

Trainer(s): _____

Comments: _____

Signature of Trainee: _____

Signature of Supervisor: _____

Supervisor's Comments: _____

Adm 4.19

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