

FUTURES COMMUNITY SUPPORT SERVICES, INC.

TRAINING SIGN-IN SHEET

Initial Medications Administration: Infection Control: CPR:

Annual Medications Practicum: Fire Safety: First Aid:

Other: _____

Instructor: _____

Date: _____

Total # of Hours: _____

Regulation:

Agency Mandated:

Additional:

Participant Name (Print/Sign)

(ie. Clara Barton / *Clara Barton*)

1.	_____	11.	_____
2.	_____	12.	_____
3.	_____	13.	_____
4.	_____	14.	_____
5.	_____	15.	_____
6.	_____	16.	_____
7.	_____	17.	_____
8.	_____	18.	_____
9.	_____	19.	_____
10.	_____	20.	_____