



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Training Information

Trainer Name _____ Trainee Name _____
Training Phone Number _____ Training Date _____
Training Address _____ Training Length # Hours _____
City _____ State _____ Zip _____

Training Subject (Check One) Initial Training Review

- First Aid Child Abuse Recognition & Prevention Prevention, Recognition & Management of Communicable Disease

Describe Content Area Covered In Training:

Section II - Inservice Trainer Qualifications

To qualify as a trainer you must be able to: 1. Answer YES to question A and 2. YES to at least one item in question B.

Check All That Apply.

A. Trainer has at least two years experience specific to the training subject area listed above. Yes No

B. Trainer has one of the following: Yes No
1. An associate or higher degree

Coursework must include at least 36 quarter hours or 24 semester hours in the subject area:

- Child Development Early Childhood Education Home Economics
- Education Psychology Nutrition
- Nursing Social Work Dental Hygiene

Other (specify) _____

2. A prekindergarten certificate issued by the State Board of Education of Ohio Yes No

3. Child Development Associate (CDA) Yes No

4. A licensed physician Yes No

5. A registered nurse Yes No

6. First Aid and/or CPR Certified Trainer Yes No

I verify that the information presented on this form is accurate and complete.

Signature of Trainer _____ Date _____