

Christian Children's Home Of Ohio

TRAINING RECORD FOR FOSTER CARE

NON-FACE TO FACE

Date:

Your Name:

Type of Training: ☐ Internet ☐ Video ☐ Book** ☐ Other: _____

Location:

Title:

Author or Presenter:

Training Subject Covered:

Four Main Points about the Training (may continue on back of form):

1)

2)

3)

4)

Credit Hours: hr(s)

Signature

of pages**

Date

All information must be filled in or checked in order to receive credit.

Remember all training must be pre-approved before attending, watching, or reading any material.

****Credit hours = 3 hours per 100 pages**