

IN-SERVICE TRAINING REPORT

(Personnel Attendance Record on Reverse)

Facility: _____ Department(s): _____

Date: _____ From: _____ To: _____
 AM PM AM PM

Employee group(s) present:

- | | | | |
|---|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Dietary | <input type="checkbox"/> Social Services | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Laundry | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other: _____ |

Topic/Title: _____

Category:

- | | |
|---|--|
| <input type="checkbox"/> Advanced Care Planning | <input type="checkbox"/> OSHA Bloodborne Pathogens |
| <input type="checkbox"/> Behavioral Health Care and Services | <input type="checkbox"/> QAPI Program |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Resident Abuse, Neglect, Exploitation, Misappropriation |
| <input type="checkbox"/> Compliance and Ethics | <input type="checkbox"/> Resident Abuse Prevention |
| <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Resident Rights/Facility Responsibilities |
| <input type="checkbox"/> Dementia Care and Management | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> End-of-Life Care | <input type="checkbox"/> Trauma-Informed Care |
| <input type="checkbox"/> Infection Prevention and Control Program | <input type="checkbox"/> _____ |

Summary of training session (attach copy of handout or other learning materials used):

Conducted by [name(s), title(s) and qualification(s)]: _____

Evaluation, comments, suggestions: _____

Signature/title of individual completing report: _____ Date: _____

