

## Video or Web Cast Training

Name of Video or Web Cast	Required Training Topic (Check One)	Hours/Minutes	Date Viewed
	<input type="radio"/> Child Abuse & Neglect <input type="radio"/> Substance Abuse Prevention <input type="radio"/> Blood Borne Pathogens <input type="radio"/> Nutrition		
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I verify that I, \_\_\_\_\_ viewed the documented video/web cast(s).  
(Print Name)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_