

R95 Training Attestation Form - Complete for Each Training Session

Agency Name:

Training Date:

Training (Location Address) and/or (Meeting Link):

Name of Trainer:

Signature of Trainer:

*By signing this form, the trainer verifies that all trainings (virtual or in person) were conducted using agency SAPC approved R95 Training Presentation, and the information provide below is complete and accurate.

Staff Name (First & Last)		Email	Position	Training Attended (Yes/No)	Participant Signature (For In-Person Only)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*Add pages as needed

