

Children Come First

VERIFICATION OF 12 HOUR TRAINING REQUIREMENT

Employee Name: _____
(print employee name)

This is a statement of verification that the above named employee has completed in full **ALL TRAINING REQUIRED BY CHILDREN COME FIRST TO PROVIDE PARENT AIDE/MENTORING SERVICES.**

Detailed information related to all training sessions is on file with:

(agency name)

and includes: the date, duration, topic(s) covered; training method (ie. video; written material; workshop, etc.) and name of the trainer for each training module or session.

(Children Come First may request this information at any time for quality assurance purposes).

<u>Agency Director/Designee Signature</u>	<u>Employee Signature</u>
_____ Agency Director/Designee Signature	_____ Employee Signature
_____ Print Name	_____ Print Name
_____ Date Signed	_____ Date Signed