

**STAFF CONTINUING EDUCATION AND TRAINING RECORD
 CHILD WELFARE PROGRAMS**

Use of form: Use of this form is voluntary; however, completion of this form will facilitate the licensing inspection process and help ensure compliance with the continuing education requirements outlined in DCF 52.12(5)(f)2. and 52.12(5)(h), DCF 54.03(3), DCF 57.17(2)(i) and DCF 59.04(1)(c)2. of the Wisconsin Administrative Codes. Personally identifiable information gathered on this form will be used only for identification purposes. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The form shall be completed by the staff person, initialed by the trainer whenever feasible and placed in the employee file for examination by the licensing specialist. Enter the data in chronological order, and use a new form for each continuing education year. Attach all supporting documentation.

Name – Staff Person		Position	Training Year to	Employment Date	Hours Worked Per Week
Date / Time	Training Subject	Name – Trainer		Total Hours	Trainer’s Initials