

Healthy Families New York – Site Training Record

Complete this form to register a training in the HFNY Worker Training Record (used to track trainings)

1. Training Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		2. Program Name	
3. Training Title			
4. Training Description			
<i>In items 5 and 6, enter either the trainer name and organization or the training method name and type.</i>			
5a. Trainer First Name		5b. Trainer Last Name	5c. Trainer Organization
or			
6a. Training Method Type (check only one) <input type="checkbox"/> book <input type="checkbox"/> course <input type="checkbox"/> pamphlet <input type="checkbox"/> video <input type="checkbox"/> audio <input type="checkbox"/> Teleconference <input type="checkbox"/> Computer Assisted Instruction <input type="checkbox"/> other			
6b. Training Method Name			
Enter Topic and/or Subtopic codes that are associated with this training. Make a check mark if the topic/subtopic addresses culturally sensitive issues of your service population as outlined in CSST 5.3. Enter the amount of time spent on each topic in quarter hour increments. Total time listed below should add up to total length of this training. Use multiple pages if necessary.			
Topic	Subtopic	Culturally Sensitive Topic	Time spent on Topic/Subtopic
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> 15 30 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hours minutes
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> 15 30 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hours minutes
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> 15 30 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hours minutes
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<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> 15 30 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hours minutes
Date Form Submitted	Reviewer's Initials	Date of Data Entry	Data Entry Initials

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Use multiple pages if necessary

Training Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Program Name
Training Title	
Trainer Name/Training Method Name	
Worker Name (please print)	Worker Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

I verify that these workers attended this training

Supervisory Approval Signature
