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| **Training Date:**  Click or tap here to enter text. | **Training Provided:**  Click or tap here to enter text. | **Title:** School nurse |
| **Training Location:**  Click or tap here to enter text. | **Trainer:**  Click or tap here to enter text.**:** | **Handouts:**  Click or tap here to enter text. |

**Employees who completed this training:**

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| **Name (Print)** | **Name (Signature)** | **Job Title** | **Actual Date of Training** |
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**Employees who completed Training continued:**

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| **Name (Print)** | **Name (Signature)** | **Job Title** | **Actual Date of Training** |
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**Note: Training** records must be maintained for 3 years after the date of the training**.**