ALR:	SV DATE:

Employee Training Review

Employee Name: _____ Date of Hire: _____
Position: _____

List all training provided to this employee **in calendar years 20_____ and 20_____.**

CALENDAR YEAR 20_____

TOPICS	**Dementia Specific (Y/N)**	**Date**	**Length of training**	**Method of training** classroom with instructor, video, self-review with a test

Complete reverse for Calendar Year 20_____

ALR:	SV DATE:

CALENDAR YEAR 20___

TOPICS	Dementia Specific (Y/N)	Date	Length of training	Method of training

ALR Representative providing the requested Information:

Print Name **Position**