ADULT RESIDENTIAL LICENSING - PERSONAL CARE HOMES
RECORD OF TRAINING - 55 Pa.Code § 2600.65(i)

Title of Course: _____

Location: _____

Content of Course: _____

Date: _____

Training Source: _____

Length (# of hours completed): _____

NAME OF DIRECT CARE STAFF PERSON TRAINED	SIGNATURE OF DIRECT CARE STAFF PERSON TRAINED	CERTIFICATE RECEIVED? (Y/N) (Certificate is not required)