

I hereby certify that I, \_\_\_\_\_, have completed \_\_\_\_\_ training hours.

I have received the following training courses provided by Caring for People Services:

- 
- 
- 

I understand that I am responsible to provide care in a safe and ethical manner, and my trainer is not accountable if I choose not to follow the curriculum provided. I comprehend that it is my responsibility to use what I have learned in the trainings provided by Caring for People Services in the care of our clients. *(Following is to be printed, signed, and dated by trainee/caregiver.)*

_____ Print Name	_____ Signature	_____ Date
---------------------	--------------------	---------------

I have reiterated and given instruction on my knowledge of the criteria in the training courses to the best of my ability. I acknowledge that by signing this I am stating I agree the training was comprehensive, and I will apply this in the care of my clients. *(Following is to be printed, signed, and dated by trainee/caregiver.)*

_____ Print Name	_____ Signature	_____ Date
---------------------	--------------------	---------------

I have provided instruction on the topics listed above to the best of my ability. While the training was comprehensive, I believe that \_\_\_\_\_ has demonstrated adequate proficiency in the required material covered in the training courses. *(Following is to be printed, signed, and dated by trainer.)*

_____ Print Name	_____ Signature	_____ Date
---------------------	--------------------	---------------