Name: _____

Facility: _____

Title: _____

Adult Care Clock Hour Training

General Clock Hour Requirements

Each caregiver must obtain at least _____clock-hours of training each year.

Category	Training Name	Clock Hours	Date Assigned	Date Taken
Sample: Mental Health	Recognizing and Managing Dementia	1	09/27/2107	09/27/2107

This form was created for your convenience to help you better plan and track all of your training needs. Feel free to contact us with any suggestions you may have to improve this form, or if you have any questions about our trainings and training partnerships. Please contact us at:

impact Training Center, LLC

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