Training of Staff Members (Sample Form)
Residential Facility Staff
OAC Rule 5122-30-20

License No.:
_____

Facility Name _____

Employee Name	Date of Hire

Training Topic/Name: Date of Training

Description:

Name of Trainer:	Qualification(s) of Trainer:

Agency/Source:

	Length of Training:	Hours	Minutes

Training Topic/Name: Date of Training

Description:

Name of Trainer:	Qualification(s) of Trainer:

Agency/Source:

	Length of Training:	Hours	Minutes

Training Topic/Name: Date of Training

Description:

Name of Trainer:	Qualification(s) of Trainer:

Agency/Source:

	Length of Training:	Hours	Minutes