



PREP PARTICIPANT SIGN-IN SHEET

County: _____

Training Date: _____

Name	Address (where you would like your certification card mailed to)	Phone #	Test Score (Trainer will complete)	Name Published on Website? (Y/N)

Trainer Purposes *ONLY*

Outcome Measures	
1. 85 % can identify the 4-step process	
2. 90% strongly agree (6 or 7) on responsibility item	

