



AHIPPS DSRIP Training Sign-In Sheet

Training Title _____ Related DSRIP Project(s) _____ Training Location _____	Date _____ Length of Training (in hours) _____ Target Audience _____
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Instructor Name: _____ Instructor Signature: _____ Primary Role: _____	Training Materials Available: Yes No
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Instructor(s): By signing this sheet you are certifying you instructed the individuals below on the above topic.

Trainee Name (Print)	Trainee Signature	Job Title	Organization
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

Attendees: By signing this sheet, you are providing consent to have your photograph taken at this meeting. The AHIPPS may use such photographs with or without your name for any lawful purpose, including publicity, illustration, advertising and/or Web content.

Attach additional sheets if necessary; please return completed sheet(s) to DSRIPworkforce@ahihealth.org