

FOCUS TRAINING FORM

I _____, on _____
Provider's Name Date

Studied the following material and request credit toward my mandatory Annual Provider Training:

- Type of Media: _____ (i.e. video, book, article, etc.)
- Title: _____
- Topic: _____
- Length: _____ (i.e. Video — 45 min, book — 100 pages)

Provider's Signature

Date

FOR FOCUS USE ONLY

Hours Allotted: _____

Reviewed By: _____

FOCUS DD Form 1
Dated Jan 01

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