TRAC Associates DSHS Abuse and Neglect Reporting Training Completion Form

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby attest that I have completed DSHS Abuse and Neglect Reporting Training, available at: <https://www.youtube.com/watch?v=wVwOmtWNsXk> or delivered in person by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write “**n/a**” if training completed via video).

I acknowledge that I have completed this training as required by the Basic Food Employment and Training (BFET) contract with the State of Washington, Department of Social and Health Services (DSHS).

Staff Signature Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_