

## Staff Training Log

Name of Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Initial Forty Hours of Training Completed:      † Yes † No

If yes, date completed \_\_\_\_\_

Has employee attended the Batterers' Intervention Program Standards Workshop conducted by the Tennessee Coalition to End Domestic & Sexual Violence?:      † Yes † No

If yes, date attended: \_\_\_\_\_

Date	Name of Training	Provider of Training	Description of Training	<b>Areas Covered in Training:</b> (1) Training in the Rules for Batterer's Intervention Programs (2) Group process and intervention techniques (3) Safety training (4) Current knowledge about the dynamics of domestic abuse.	Length of Training

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_