# Prevention Training Log

Community Based Organization (CBO) staff are encouraged to participate in prevention training to support and enhance their work. Each staff member must complete the Prevention Training Log to indicate completion of any prevention-related training as well as prevention-specific training provided by the CBO.

**Funding/Priority** (check the appropriate box)

* Tobacco
* Substance Misuse and Problem Gambling Prevention
* Mental Health Promotion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Title | Staff Name & Email | Date | Completed  Yes/No | Number of Hours Trained |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Did you obtain a Tobacco Treatment Specialist Certification (CTTS) or Prevention Specialist Certification (CPS) during this reporting period?

* Yes
* No

If no, provide a brief update on progress towards obtaining certification:

By signing below, I verify that I have completed the training listed above.

Staff Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_