DHS
Oregon Department of Human Services
Seniors and People with Disabilities
Children with Developmental Disabilities

Report of Child Foster Provider Training Credit
DD Child Foster Home

Name: _____

Note: Consultations with health and mental health professionals pertaining to the direct care of a child may be recorded as training. **Routine therapy and office visits are not considered to be training.** (Foster provider must complete mandatory reporting training prior to initial certification and annually thereafter.) If more space is needed, please use the back of form.

"Date" is the date that course, book, tape, etc., was completed.
"Type" is the type of material as follows:

A = Audio	B = Book	C = Consultation	CL = Class	V = Video/DVD	O = Other

Date	Type	Hours	Title/comments	Agency sponsoring training

Total hours: _____

Recommendations for training to be completed in the next twelve (12) months:

- _____
- _____
- _____

_____ _____
Foster provider/applicant signature Date

_____ _____
Certifier signature Date