



NCI DSRIP Training Sign In Sheet

Training Title: _____		Date: _____	
Related DSRIP Project (s) _____		Length of Class (in hours): _____	
Training Location: _____		Target Audience: _____	
Instructor Name: _____		Instructor Signature: _____	
Primary Role: _____		Training Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Instructors: By signing this sheet you are certifying that you instructed the individuals below on the above topic.			
Trainee Name (Print)	Trainee Signature	Primary Role	Organization
1			
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120 Washington St, Suite 230, Watertown, NY 13601

Tracy Leonard, NCI Workforce Lead 315.755.2020 ext. 13 tleonard@fdrhpo.org

www.northcountryinitiative.org