

Specific Training Acknowledgment

I, (TRAINER) _____ certify that on (DATE/DATES) _____

I witnessed (TRAINEE) _____ successfully show they know how to act in the event of someone choking.

Video Watched:

- Edvance 360 Choking Review Video

By providing my initials below, I, a trainee, acknowledge that I have reviewed all of the videos listed above. I do not yet feel confident stating that I am fully trained. I will work with the corporate team to come up with a date for me to come in and get trained so I am more confident. TRAINEE INITIALS _____

By signing below, I, trainee, certify that I have completed all the training listed above and acknowledge that I am comfortable performing the actions needed if necessary.

Trainee Full Name (Print): _____ Date: _____

Trainee Signature: _____ Date: _____

By signing below, I, (supervisor), certify that the trainee has performed the requirements listed above and I feel confident that they are able to perform the actions needed if necessary.

Supervisor Full Name (Print): _____ Date: _____

Supervisor Signature: _____ Date: _____