

380.80a

Breastfeeding Peer Counselor Training and Education Record

Name: _____ **Hire date:** _____
Status: ___ Full time ___ Part time (___ hours/week)

At the Time of Hire

Event	Date Completed
Agency Orientation <i>(see agency's orientation checklist and Policy 300.10)</i>	
On-the-job training (300.10)	
Loving Support © Through Peer Counseling: A Journey Together	
Data System Training	
Securing the Human security awareness training	
Civil Rights training	

Required Ongoing Training

Topic	Dates Completed
Civil Rights training <i>(annually)</i>	
Securing the Human security awareness training <i>(annually)</i>	
Other ongoing training	<i>Record on the following page.</i>

Other Ongoing Training

Title of Program/Activity	Program/Activity Sponsor Name	Approving Organization	Date(s) Attended (m/d/yr)	Hours Awarded (clock hours)

Duplicate as needed