

**ACKNOWLEDGEMENT OF EPINEPHERINE AUTO INJECTOR TRAINING**

I have attended Epinephrine Auto Injector training for the \_\_\_\_\_\_-\_\_\_\_\_\_ school year. This training meets the minimum annual training requirements for TCCB ED.

Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Trainer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

NOTE: This record is to be kept in the employee’s personnel file.



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