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|  |  Special Terms and Conditions Exhibit A, Training Sign-in Sheet |
| **Nurse Delegation Training for Nursing Assistance and LTCW**[ ]  Nine (9) hour CORE Training [ ]  Three (3) hours Special Focus on Diabetes |
| Name of RN / Agency TrainerTrainer ProviderOne ID Number | Training Location | Date of Training |
| **Name of Student Attending Training (please print legibly)** | **Residential Agency (Employer)** | **Location of Agency (County)** |
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