LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division
District Nursing Services Branch

TRAINING LOG
(to be completed annually)

School Year_____General Training Topic_____

School_____Date_____

Reference Document (District Policy Bulletin, Memo, IOC, etc.)_____

Training Materials Used: _____

Trained Employee(s) Information

Printed Name	Employee ID#	Job Title	Signature

_____ _____
School Nurse Trainer's Name (PRINTED) **School Administrator's Name (PRINTED)**

_____ _____
School Nurse Trainer's Signature **School Administrator's Signature**

Distribution:

- ☐ Medication/Protocol Book (original-retain in folder at school site for 7 years). Do **not** file in student health record
- ☐ School Administrator (copy)-responsible to place in trained employee personnel file
- ☐ Region Nurse Administrator (copy)
- ☐ Scan and upload to DNS Training Log SharePoint folder https://achieve.lausd.net/LAUSDTrainingLogs