



**REQUIRED HEALTH AND SAFETY TRAINING**

(Attach documentation of attendance)

First Aid: \_\_\_\_\_  
Date(s) of Training Training Agency

Standard Precautions: \_\_\_\_\_  
Date(s) of Training Training Agency

Principles of Sterilization: \_\_\_\_\_  
Date(s) of Training Training Agency

**Sign and date application below:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

=====  
**HEALTH DEPARTMENT TO COMPELTE BELOW:**  
=====

Fee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Registration #: \_\_\_\_\_