## ARIZONA DEPARTMENT OF ECONOMIC SECURITY **Division of Aging and Adult Services**

## **TRAINING RECORD**

Name (Last, First, M.I.):

 Job Title:
 Program Name:

Location:

DATE(S)	TRAINING TOPIC	TOTAL HOURS PER TOPIC
		Total Hours

Print Name of Ombudsman:	Position or Title:
Signature:	Date:
Signature:	Date:

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 •