

OREGON REGISTRY SECONDARY TRAINER ORIENTATION VERIFICATION FORM

INSTRUCTIONS to SECONDARY TRAINER: Complete the first section and sign this form after you have received your orientation. Give this form to your primary trainer to be completed and returned to OCCD.

Name: _____
Last *First*

Curriculum: Child Care Health and Safety
(Please check one) Building Blocks for Social and Emotional Development

Date(s) of your Trainer Orientation: _____

Name of Primary Trainer who facilitated the orientation: _____

- I understand the training materials and I am ready to deliver the training sessions. I have received my trainer guide and my supplementary trainer materials. I would like to receive additional information on these topics:

Signature of Secondary Trainer *Date*

INSTRUCTIONS to PRIMARY TRAINER: Complete this section and sign this form after you have delivered the orientation to the Secondary Trainer.

Work Phone: _____ Email: _____

How many hours was the orientation? _____

Please list topics covered in the orientation: _____

- As the Primary Trainer who facilitated the trainer orientation for the above person, I acknowledge that the Secondary Trainer understands the training materials and is ready to be enrolled as a Secondary Trainer.

Signature of Primary Trainer *Date*

- I feel the trainer would benefit from additional experience or background information on these topics:

Please Return the Secondary Trainer Orientation Verification Form:

By FAX: (503) 725-5430; Or by mail: PSU-OCCD • P. O. Box 751
Portland, OR 97207-0751 • Attn: **Secondary Trainer Application**

Questions? Please call us at OCCD: (877) 725-8535; (503) 725-8535;
Or email: centerline@pdx.edu

