



Professional Development Record for Center Staff

Name: _____ Date of Hire: _____ Date of Birth: _____ Statement - child & abuse, convictions: _____ Driver's License: _____ Physical (3 yrs): _____	<u>Completed</u> <u>Expires</u> <u>Completed</u> <u>Expired</u>	Iowa record checks (criminal, child abuse & sex offender registries) (2 yrs) _____ National FBI fingerprint checks (4 yrs) _____ CPR Training (1-2 yrs) _____ First Aid Training (2-3 yrs) _____ Universal Precautions Training (1 yr) _____ Mandatory Reporter Training (3 yrs) _____ Essentials Preservice Series _____
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Date	Length (in hours) *	Training Organization	Course Title	Topic Area **	Instructors

*Mark any hours that are not creditable with DHS.
 **Topic Areas: A-Child Development, B-Guidance & Discipline, C-Developmentally Appropriate Practices, D-Nutrition, E-Health & Safety, F-Communication Skills, G-Professionalism, H-Business Practices, I-Cross Cultural Competence

