



**STATE OF NEVADA  
CHILD CARE LICENSING  
CHILD CARE FACILITY- EMPLOYEE TRAINING FORM**

<b>Employee Name:</b> _____  <b>Date of Hire:</b> _____  <b>Driver License Exp:</b> _____	<b>Job Title:</b> _____  <b>TB Test Given:</b> _____ <b>Due first day of employment</b>	<b>First Aid:</b> _____  <b>CPR Expiration:</b> _____	<b>Fingerprint Clearance Letter</b> <b>Expiration:</b> _____	<b>Consent and Release Form</b> _____ <b>Sheriff Card Exp</b> _____  <b>Submit both to CCL within 24 hours of hire</b>
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<b>Orientation due within 2 weeks of hire</b> <b>Date of Oral Orientation:</b> <b>Date of Written Orientation:</b>	<b>Application to NV Registry due within 90 days of hire and renewed annually</b> <b>Nevada Registry Member ID#</b> _____ <b>Expiration Date:</b> _____
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<b>Initial Trainings within 90 days of new hire:</b>							
Date	Class Title	Hours	Registry No.	Date	Class Title	Hours	Registry No.
	Administration of CPR				Bloodborne Pathogens		
	Administration of First Aid				SIDS training (if working with children under 12 months of age)		
	Signs & Symptoms of Illness						
	Recognizing & Reporting Child Abuse & Neglect						
	Human Growth and Development or Positive Guidance (3 hours)						

**Continuing Training:**  
**(Must be completed within facility's licensing year. At least 2 hours must be related to Healthy Nutrition/Obesity Prevention/Physical Activity)**

Date	Class Title	Hours	Registry No.	Date	Class Title	Hours	Registry No.

