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|  | Special Terms and Conditions  Exhibit A, Training Sign-in Sheet | | |
| **Nurse Delegation Training for Nursing Assistance and LTCW**  Nine (9) hour CORE Training  Three (3) hours Special Focus on Diabetes | | | |
| Name of RN / Agency Trainer    Trainer ProviderOne ID Number | | Training Location | Date of Training |
| **Name of Student Attending Training (please print legibly)** | | **Residential Agency (Employer)** | **Location of Agency (County)** |
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