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| **Consumer’s Name**: | **Case Number:** | **IPOS Start Date:** |

**Trainer’s Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Content of In-Service** |
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| **Provider:** | | **Site:** | |
| **ONLY Staff in attendance at time of in-service are listed below. Use a new form for absentees and new hires.** | | | |
| **Print Staff Name** | **Staff Signature** | **Date In-serviced** | **Date Read** |
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