Arkansas Department of Human Services
Division of Children and Family Services

Training Record Log

Name	Social Security Number	Race/Sex
Position / Grade	Work Location	Date of Birth

TITLE OF TRAINING/ SUBJECT MATTER	TRAINER	LOCATION/DATES	PRE/POST TEST SCORE	GRADE	CREDIT HRS/CEU'S

Verified by Supervisor Date Submitted

CFS – 381 (10/93)