## **Continuing Education**

Complete for each direct service staff person, intern providing unsupervised direct services and volunteer hired prior to July 1, 2001. Copy as necessary.

Direct services staff, unsupervised intern or volunteer name

## I attended or will attend the following trainings between

Training topic/title or experiential education event	Presenter/sponsor or site of experiential education	Hours	Date dd/mm/yy

<u>What is VADV?</u> | <u>Virginia Domestic Violence Programs</u>| <u>Training & Events</u>| <u>Batterer Intervention</u> <u>Programs</u>| <u>VAdata Website</u>| <u>To Get Help In Virginia</u>| <u>Resources</u>| <u>Links to Other Resources</u>| <u>Feedback</u>| <u>Site Index</u>