

**PIPBHC
Staff Training Tracking Form**

Agency: _____
Month & Year: _____

Please add additional pages as needed so that all training is reported for the month. Thank you!

Staff Member Grant Role & Email Address		MI	Other EBP	Practice Based Evidence (1)	OTHER: _____	OTHER: _____	Gender Race ² Ethnicity ³
	Please indicate appropriate training(s):						<i>gender:</i>
	Certification Date (Format: 01/01/2019)						<i>race:</i>
	If not completed, estimated certification date						<i>ethnicity:</i>
	Please indicate appropriate training(s):						<i>gender:</i>
	Certification Date (Format: 01/01/2019)						<i>race:</i>
	If not completed, estimated certification date						<i>ethnicity:</i>
	Please indicate appropriate training(s):						<i>gender:</i>
	Certification Date (Format: 01/01/2019)						<i>race:</i>
	If not completed, estimated certification date						<i>ethnicity:</i>
	Please indicate appropriate training(s):						<i>gender:</i>
	Certification Date						<i>race:</i>
	If not completed, estimated certification date						<i>ethnicity:</i>

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1. **Practice Based Evidence:** training on practices identified to be beneficial based upon experience, knowledge and understanding
 2. **Race:** Alaskan Native; African American/Black; American Indian; Asian American; Caucasian/White; Hawaiian/Pacific
 3. **Ethnicity:** Hispanic/Latino; Non-Hispanic/Latino

Please submit by the 7th day of each month to jennifer.robertson-hill@idph.iowa.gov