



KINDRED HEALTH CARE, INC.  
EDUCATION/TRAINING ATTENDANCE ROSTER

Program Title 2017 General Compliance Training Date \_\_\_\_\_  
Facility Name \_\_\_\_\_ Facility # \_\_\_\_\_ Course Material Attached? Yes \_\_\_\_\_ No  X  
Trainer /Facilitator Name \_\_\_\_\_ Signature \_\_\_\_\_

*Signature of Trainer or Facilitator certifies that the following persons attended the training.*

NAME	TITLE	SIGNATURE	LAST 4 DIGITS SSN
1			
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*My signature indicates I completed all modules for the training identified on this form.*