



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			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

My signature indicates I completed all modules for the training identified on this form.