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| **Title:** |  **Mandated Reporter Training** |
| **Trainer:** |  |
| **Date/Time:** |  |
| **Hours:** |  **2.0 Contact Hours** |
|  | **Certificates will be completed by the Mandated Reporter Trainer** |

| **ID****Please sign first and last name** | **Last Name (Print)** | **First Name (Print)** |
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