

STEP 4:

SEYM Child Abuse Prevention Training Verification

This form is to be completed by the SEYM Youth Program Worker applicant upon completion of reading or reviewing the **SEYM Child Abuse Prevention Training Manual & Procedures** and completion of **SEYM Youth Program Training**.

The training material consists of:

- 1 **SEYM Child Abuse Prevention Training Manual & Procedures**
- 2 **SEYM Youth Program Training** (approximately 2 hours) including the presentation *Recognizing and Reporting Child Abuse*.

After completion, this form is to be sent to the SEYM office, to be kept with the records of Registered SEYM Youth Program Workers. Completed forms may be made available to SEYM youth program coordinators, the review committee for registered youth program leaders, the SEYM Review Committee, a subset of the SEYM Personnel Committee and others, as needed in the administration of the SEYM youth programs and the SEYM child abuse prevention policy.

Name (print) _____ **date:** _____

Confirm: _____ I have read/reviewed the *SEYM Child Abuse Prevention Training Manual & Procedures*
Date I completed reading/reviewing the *SEYM Child Abuse Prevention Training Manual & Procedures*:

Check A or B, below:

- A. ___ I have taken the SEYM Youth Program Training in person.
- B. ___ I have taken the SEYM Youth Program Training online with an SEYM C.A.P. Trainer.

Check A or B, below:

- A. ___ I have taken the SEYM Youth Program Training for the first time.
- B. ___ I have taken the SEYM Youth Program Training as a review course.

Date I completed SEYM Youth Program Training: _____

Trainer's Name: _____

Signature: _____

Mail this form to the office: SEYM
p.o.box 4024
Winter Park, FL 32793