# *FOSTER PARENT TRAINING RECORD*
# *FROM _____ TO _____*

*Foster Parent:* _____ *I.D. No.:* _____
*Address:* _____ *Expiration:* _____
*Licensor:* _____

| Date | Class Title/Location (i.e., Spokane, Seattle, etc.)/Hours | Sponsor ( List Organization Name) | Indicate if this was Mandatory Training |
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Foster Parent Training Log
Form Developed by the Foster Parent Support Program
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