



Tennessee Department of Children's Services  
**Foster Parent Training Sign-in Sheet**

<b>Course/Workshop Title:</b>			<b>PRINT Trainer Name:</b>				
<b>Course ID &amp; Group Number:</b>			<b>PRINT Trainer Name:</b>				
<b>Date:</b>			<b>Agency Name:</b>				
<b>Credit Hours:</b>			<b>Region and County/City:</b>				
Please PRINT Name	Signature	Edison ID Login: EL\$JOHDOE01 or johnd0101001 State Employee ID: 00123456	County	CHECK ALL THAT APPLY			
				Foster Parent	Kinship Parent	Staff	Agency (DCS or specify Provider)

This information will be used only to verify attendance, award continuing education units (CEU), and to track funding for training.

Trainer Signature \_\_\_\_\_  
 Trainer Signature \_\_\_\_\_  
 Total Completed \_\_\_\_\_

Scan and email originals to:  
[mailto:EL\\_DCS.FPTrainingdocs@tn.gov](mailto:EL_DCS.FPTrainingdocs@tn.gov)