The Nevada Registry Approved Training Attendance/Sign-In Sheet		Page _____ of _____
Name of Training: Coaching ERS Introduction	**Date of Training:** 05/21/2024	**Registry Approval Code:** 93923
Sponsoring Agency ***(if applicable):*** Nevada Silver State Stars Assessor Team	**Trainer Name:** Rachel McKinney	
	Training Location: Virtual	
ATTENTION TRAINERS: As of April 1, 2020 training attendance must be entered and submitted electronically through your Online Portal within 5 calendar days.		**Total # In Attendance:**_____

Participant Name **REQUIRED** **Please print legibly.**	**Registry ID** **REQUIRED** ***Log into your Online Portal to obtain.*** ***Skip if you are not currently a member.***	**Email Address on file with** **The Nevada Registry** **REQUIRED – Please print legibly** ***This information is being collected for attendance verification only and may not be used by trainers/third parties to send unsolicited email or spam messages.***	**Place of Employment** ***For reference only.***
Please adhere to specific health and safety protocols required by the trainer/facility to protect yourself as well as the health and safety of the trainer and other training participants. By attending an in-person training session, you acknowledge and accept you are doing so at your own risk and that The Nevada Registry is not responsible for any health and safety issues associated with and/or that arise because of attending this training session or any costs associated with such issues.			