HELP
HUMAN EMPOWERMENT AND LEADERSHIP PRINCIPLES
A SAFETY MANAGEMENT CONTINUUM

Mail-In Re-certification Form			
First Name	Last Name		Certification Status:
Home Address			Expiration Date
			Network ID
City	State	Zip Code	Job Title
Home Phone	Work Phone		
Company Name			Supervisor
Program/Department Title			E-Mail

Training Record

A minimum of 48 hours of training annually is required to qualify for mail-in re-certification with a minimum of 12 training hours focused on Communication and 12 hours on the LEAN.

Dates	Location	Number of participants	Restraint Hours	Communication Hours	Number of training hours*
*Please do not include breaks and lunch.				Total Training Hours	

The above training record is complete and accurate to the best of my knowledge.

Instructor_____ Supervisor_____
sign sign

Instructor_____ Supervisor_____
print print

Send form and re-certification fee to: CAPS ~ PO Box 280366 ~ Nashville~ TN ~ 37228