

***ISST Approved Certification Training Module***

# Certificate of Attendance:

*Specialty Area:(list)*

***(****Name of the participant****)***

Has Attended: (dates)

ISST Approved Training Program name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Training Program Approval:

**Content of Training Program or Module**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Module Name | Subjects covered  From Cert. Curriculum | Hours Specified | Number of participants | Trainers |
|  |  | Didactic: |  |  |
| Role-play: |  |  |

***Literature used in this module:***

Printed Name & Signature of Training Facilitator Date

Printed Name & Signature of Training Program Director Date

Responsible for module content (if different)