

Safe Moving And Repositioning Techniques (SMART®) program® Attendance List

Please check the applicable session: ☐ Train the Trainer or ☐ Trainer Re-certification

Employer: _____ Date of Session: _____
 SMART
 Instructor(s): _____ Location: _____

*Employers utilizing the SMART program must be licensed by SASWH; the license sets out the terms of program use. You have been selected by your licensed employer to be certified as a SMART trainer. **By initialing the box beside your name, you acknowledge that:**

- trainer certification applies while you are employed in a licensed agency, and training you provide is only to employees of your licensed employer.
- any request for training you receive outside of your employer must be deferred to SASWH.
- upon termination of your employment for any reason, your trainer status terminates as well.

please print legibly

Name	Title	Employer	Initial*
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A copy of this attendance list should be retained and readily available in the event it is requested by SASWH. Successful completion requires the trainer candidate to demonstrate an understanding of the program theory and techniques through a hands-on return demonstration to the SMART instructor.