Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion
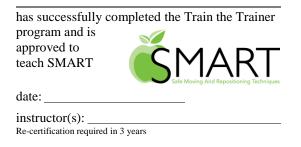
has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

Certificate of Completion

has successfully completed the Train the Trainer
program and is
approved to
teach SMART

SMART
Safe Moving And Repositioning Techniques

date: _____

instructor(s): _____
Re-certification required in 3 years

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

Workplace health and safety:
a priority for all!