

Transferring Lifting Repositioning (TLR®) program® for EMS Participant Attendance List

Please check the applicable level: [] initial training or [] re-evaluation

Employer: _____ Date of
 Session: _____

TLR-EMS Certified Trainer(s): _____

Training time (in hours): _____

- Modules covered:
- ☐ Good Posture and Safe Body Mechanics
 - ☐ Risk Assessment
 - ☐ General (object) Moving Techniques
 - ☐ Sitting to Lying/Lying to Sitting
 - ☐ Standing Transfers & Repositioning
 - ☐ Patient Moving Guidelines for EMS

Participants (please print legibly)

Name	Title/Department	Agency
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

A copy of this attendance list should be retained and readily available in the event it is requested by SASWH. Successful completion requires the participant to demonstrate an understanding of the program through a hands-on return demonstration to the TLR trainer.