

## Transferring Lifting Repositioning (TLR®) program® Attendance List

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

Employer: \_\_\_\_\_ Date of Session: \_\_\_\_\_

TLR Instructor(s): \_\_\_\_\_ Location: \_\_\_\_\_

\*Employers utilizing the TLR 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 TLR 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*	TLR Instructor to circle program level approved to teach: O: Object Moving C: Object & Client Moving
1				O/C
2				O/C
3				O/C
4				O/C
5				O/C
6				O/C
7				O/C
8				O/C
9				O/C
10				O/C
11				O/C
12				O/C

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 TLR instructor.