

Professional Assault Response Training (PART®) program®

Train the Trainer (TTT) Attendance List

Check the applicable session: Level Three® Level Four® Level Five®

Check the applicable level of training: TTT Recertification

Date: _____

PART® Certified
Instructor Name(s): _____ Length of
Session: _____

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 PART® trainer.