

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
TRAINING ATTENDANCE RECORD**

DIVISION OF FAMILY SERVICES

COURSE TITLE HIPAA COURSE CODE _____ COURSE DATE _____
 COURSE TYPE A INTERNAL/EXTERNAL I # HOURS 1

TRAINING IS ENTERED BY SOCIAL SECURITY NUMBER. PLEASE WRITE LEGIBLY AND ACCURATELY

	NAME (Please Print)	Signature	SOCIAL SECURITY NO.	BASE COUNTY
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DO NOT WRITE ON REVERSE SIDE OF FORM