

Child Protection Training for Covered Adults

Date of Training: _____
 Department or Program: _____
 Presenter: _____

Please email this attendance list to Angie McLemore at mclemore@tennessee.edu immediately following the completion of training.

Are you a UT employee?

Please indicate No or provide your 6-digit personnel #

Print Full First, Middle, and Last Names

Signature

	Print Full First, Middle, and Last Names	Signature	Are you a UT employee? Please indicate <u>No</u> or provide your 6-digit personnel #
	John James Doe	<i>John Doe</i>	No
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