



# Verification of Medical Device Training Form

Device: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ Date Trained: \_\_\_\_\_

1. Equipment Calibration:

Training detail:

2. Personal Protective Equipment:

Training detail:

3. Product-specific Directions for Use:

Training detail:

4. On-site training provided with product:

Location:

5. List of product labels discussed and provided to trainee:

## To be signed by trainee when all training is completed:

"I have completed the training detailed above while working under the direct supervision of the trainer listed on this form. I will continue to follow the instructions/protocols given while using this device in the future and follow all updated medical guidelines by MPD Direction."

Signature of TRAINEE: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of TRAINER: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of TRAINER: \_\_\_\_\_

Continuing Education Credit of \_\_\_\_\_ hour(s) awarded for training.