

MAC Worker Training Record

NDP 11
September 2019
DATE: _____

MANDATORY FORM

Time ***Range***: _____

Instructor(s): _____ MAS RN/LPN

Location: _____

<p><u>CHECK ONE:</u></p> <p><input type="checkbox"/> MAC II Date <i>8 Hours of MAC II</i> Completed _____</p> <p><input type="checkbox"/> MAC Recertification (<i>Minimum of 4 hours required</i> every 2 years)</p> <p><input type="checkbox"/> Other (<i>Explain</i>) _____</p>

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