



## REACH OUT AND READ TRAINING ATTENDANCE SHEET

All medical providers participating in ROR programs are required to complete ROR training. To document your site's training requirements, please enter the training details on the [myROR.org](http://myROR.org) webpage of your site. If you have any questions, please contact Trisha Ross at (617) 455-0631 or [training@reachoutandread.org](mailto:training@reachoutandread.org)

**Date Training Completed:** \_\_\_\_\_ **# of Attendees:** \_\_\_\_\_  **Video**  **CME**  **On-site**

**Site ID:** \_\_\_\_\_ **Site Name:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

Attendee Name	Email	Title
		<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA-C <input type="checkbox"/> RN <input type="checkbox"/> Resident <input type="checkbox"/> Other _____ <b>Specialty:</b> _____
		<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA-C <input type="checkbox"/> RN <input type="checkbox"/> Resident <input type="checkbox"/> Other _____ <b>Specialty:</b> _____
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		<input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA-C <input type="checkbox"/> RN <input type="checkbox"/> Resident <input type="checkbox"/> Other _____ <b>Specialty:</b> _____

*Thank you for being part of Reach Out and Read and making literacy promotion a standard part of pediatric care.*