Professional Assault Response Training (PART®) program©
Attendance List

Please check the applicable session: [ ] Basic or [ ] Intermediate or [ ] Advanced

Please check the applicable level: [ ] initial training or [ ] re-evaluation

Employer: _____

Date of Session: _____

PART Certified Trainer(s): _____

Location: _____

Training time (in hours): _____

Modules covered:
- ❑ Purpose
- ❑ Professionalism
- ❑ Preparedness
- ❑ Identification
- ❑ Response
- ❑ Recording

- ❑ Breakaway/Evasion Techniques
- ❑ Manual Restraint Techniques
- ❑ Standards

- ❑ Dementia Enhancement included

Participants (please print legibly)

Name	Title/Department	Agency
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

A copy of this attendance list should be retained and readily available in the event it is requested by SASWH. Successful completion requires the participant to demonstrate an understanding of the program through a hands-on return demonstration to the PART trainer.

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