



## Clinical Training Log

<b>Clinical Facility:</b>		<b>Date:</b>	
<b>Clinical Champion/Site Leader</b>		<b>Device:</b>	UriCap Female
<b>TillaCare Clinical Educator:</b>		<b>Training Protocol:</b>	v_____ <b>Dated</b> YEAR/DAY/MONTH

<input type="checkbox"/>	Site Meeting	<input type="checkbox"/>	Specimen Collection
<input type="checkbox"/>	Site Training ____ Initial ____ Competency	<input type="checkbox"/>	Other:

By signing below, each staff member verifies they have been trained on the device information and understand the obligations/responsibilities associated with this training.

Trainee Name -please print	Title/Credential	Unit Assignment	Trainee Signature





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Trainee Name -please print	Title/Credential	Unit Assignment	Trainee Signature

Clinical Champion/Site Leader Name: \_\_\_\_\_

Signature: \_\_\_\_\_





