

Participant Name:___



Tracking Worksheet

District:				
It is the participant's responsibility to track their progress through the program. Once all required number of credits are complete, please send a copy of this worksheet along with training certificates of completion to SDAO. Each course is worth five credits.				
DISTRICT MANAGEMENT – 30 CREDITS				
(6 COURS	TRAINING METHOD			
TRAINING TOPIC	(e.g. seminar, webinar)*	COMPLETION DATE		
Board Relations				
Contract Management/Risk Transfer				
Elections				
Ethics				
Financial Management and Audits				
Insurance Coverages				
Intergovernmental Affairs/Agreements				
Public Meetings and Records				
Public Relations				
Strategic Planning				

^{*20} credits (four courses) must be completed in-person.

HUMAN RESOURCES / PERSONNEL MANAGEMENT – 30 CREDITS (6 COURSES)			
TRAINING TOPIC	TRAINING METHOD (e.g. seminar, webinar)*	COMPLETION DATE	
ADA (Americans with Disabilities Act)			
Discrimination			
Drug & Alcohol Reasonable Suspicion			
Internal Investigations			
Managing Employee Leave			
Hiring Practices/Performance Management/Documentation/Discipline/Discharge			
Harassment			
Social Media			
HR Audit/Compliance Audit			
Wage & Hour Compliance			

^{*20} credits (four courses) must be completed in-person.

TRAINING METHOD (e.g. in-person, online)* Accident Investigation/Reporting** Bloodborne Pathogens** Confined Space** Cyber Risks Completion Date Completion Date Completion Date Cyber Risks Cyber Ri	RISK MANAGEMENT / OPERATIONS – 30 CREDITS (6 COURSES)				
Accident Investigation/Reporting** Bloodborne Pathogens** Confined Space** Coyber Risks Driver Training Electrical Safety** Emergency Response Planning Ergonomics Facility Maintenance/Property Inspections Fall Protection** First Aid & CPR Hazard Communications** Injury/Illness Prevention Program Lockout/Tagout** LP Toolkit for Workers' Compensation Members Respiratory Protection** Respiratory Protection** Return-to-Work Risk Management and Supervision Safety OR-OSHA Inspections** Trenching & Excavation Practices** Wellness **20 credits (four courses) must be completed in-person. **These courses can be completed through OR-OSHA. **These courses can be completed through OR-OSHA. **TRAINING TOPIC TRAINING TOPIC TRAINING METHOD (e.g. seminar, webinar)* COMPLETION DATE **You may choose electives based on individual interests and/or job requirements. Outside sources such as seminars and webinars can be used. Electives must be approved by SDAO to qualify for credit. Participant Signature: Date:					
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Electrical Safety** Emergency Response Planning Ergonomics Facility Maintenance/Property Inspections Fall Protection** First Aid & CPR Hazard Communications** Injury/Illness Prevention Program Lockout/Tagout** LP Toolkit for Workers' Compensation Members Respiratory Protection** Resturn-to-Work Risk Management and Supervision Safety Committees** Safety OR-OSHA Inspections** Trenching & Excavation Practices** Wellness *20 credits (four courses) must be completed in-person. **These courses can be completed through OR-OSHA. ELECTIVES - 2 COURSES (10 CREDITS) TRAINING METHOD (e.g. seminar, webinar)* COMPLETION DATE You may choose electives based on individual interests and/or job requirements. Outside sources such as seminars and webinars can be used. Electives must be approved by SDAO to qualify for credit. Participant Signature: Date:	Cyber Risks				
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Hazard Communications** Injury/Illness Prevention Program Lockout/Tagout** LP Toolkit for Workers' Compensation Members Respiratory Protection** Return-to-Work Risk Management and Supervision Safety Committees** Safety OR-OSHA Inspections** Trenching & Excavation Practices** Wellness *20 credits (four courses) must be completed in-person. ***These courses can be completed through OR-OSHA. ELECTIVES - 2 COURSES (10 CREDITS) TRAINING METHOD (e.g. seminar, webinar)* COMPLETION DATE You may choose electives based on individual interests and/or job requirements. Outside sources such as seminars and webinars can be used. Electives must be approved by SDAO to qualify for credit. Participant Signature: Date:	Fall Protection**				
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	Participant Signature:	Date:			
	Supervisor				

HOW TO SUBMIT

Once you have completed this worksheet, please send it along with training certificates of completion to SDAO by mail, email, or fax to: