

Hobart, OK 73651

Video Library Training

Please complete the following information to receive video-training certificate. Department of Human Services limits the amount of annual training a provider can receive by video. Please refer to your Licensing Standards book for the correct number of hours.

| Participant's Name | Phone Number | |
|----------------------------------------------------------|----------------------|-------------------------------------------|
| Address | | |
| City | State | Zip Code |
| Type of Employment: | Center Head Start | Family Child Care Home Other |
| Please complete the followi must be answered complete | | have viewed the video. Each question |
| Video Title | | |
| Length of Video | Video I.D. Number | |
| | | |
| | | 0. |
| | | |
| 3. How will you change or in video? | | ork with your children after viewing this |
| | | |
| | | |

To receive a certificate for video training, please return this completed form with the video to Great Plains Child Care Resource & Referral at the above address.

Note: This form may be copied for multiple viewers of the video.