Operator Peer-to-Peer Training Form

General Information	
Operator Name:	
Operator Contact Info:	
License Number:	
Name of Hosting Facility:	
Visit Date:	
Trainer Name(s):	
Trainer Contact Info:	

Preliminary Info (fill this out before visit)	
What topic(s) would you like to discuss with the hosting facility?	
List at least three questions you intend to ask.	
What are some issues you have struggled with at your own facility pertaining to this topic?	
How would you like to spend your time during this visit?	

Training Info (fill this out after visit)	
Time in:	
Time out:	
How did you spend your time at the hosting facility?	
List 3 things that you have learned during your visit that you might be able to apply to your own facility.	
Optional: Do you have any suggestions about how this training program could be improved in the future?	

Trainee signature:		Date:
Trainer/Host signature:		Date:
Trainee Supervisor signature:		Date: