

Advocacy Core Training and On-the-Job Training Documentation Log

Advocate's Name: _____

Supervisor's Name: _____

Agency: _____

Both the advocate and the supervisor initial each section.

Training Activity	Date Completed
Completion of online Welcome Course (all presentations, videos, reflections, activities, quiz, and any other material).	Date: Initials:
Completion of Welcome Course Supervisor Check-In (discussion of online content and Discovering Your Personality and Its Impact on Others activity).	Date: Initials:
Completion of online Role of an Advocate Course (all presentations, videos, reflections, activities, quiz, and any other material).	Date: Initials:
Completion of Role of an Advocate Course Supervisor Check-In (discussion of online material and Confidentiality and Documentation activities).	Date: Initials:
Completion of online Survivor Course (all presentations, videos, reflections, activities, quiz, and any other material).	Date: Initials:
Completion of Survivor Course Supervisor Check-In (discussion of online material and Neurobiology of Trauma Discussions 1-4).	Date: Initials:
Completion of online Advocacy in Health Care Course (all presentations, videos, reflections, activities, quiz, and any other material)	Date: Initials:
Completion of Advocacy in Health Care Course Supervisor Check-In (discussion of online material and Role Play activity).	Date: Initials:
Completion of online Legal Course (all presentations, videos, reflections, activities, quiz, and any other material).	Date: Initials:
Completion of Legal Course Supervisor Check-In (discussion of online material and Working Together activity).	Date: Initials:
Completion of two hours of role plays. If conducted over multiple sessions, enter all dates and initial.	Date(s): Initials:

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On-the-Job Training Activities	Date	Hours Completed

Advocate's Signature and Date: _____

Supervisor's Signature and Date: _____