



Training Certificate

Crisis Prevention and Intervention

Stepworks Facility: _____ Date: ____ / ____ / ____

Trainer Name: _____ Title: _____

Team Member Name: _____ Title: _____

I have received in-person crisis prevention and intervention training. I understand all duties and responsibilities as they pertain to me.

Team Member Signature: _____ Date: ____ / ____ / ____

I certify that this team member completed in-person CPI training.

Trainer or Supervisor Signature: _____ Date: ____ / ____ / ____