



**Civil Rights Training Documentation**  
 Contract Year 10-1-\_\_\_\_\_ to 9-30-\_\_\_\_\_

\*\*Use this form throughout the contract year to record each time an employee completes Civil Rights Training.

	<p><b>CIVIL RIGHTS TRAINING: located at</b>  <a href="https://theicn.docebosaa.com/">https://theicn.docebosaa.com/</a></p> <p>Civil Rights Training must be completed using the ICN website. Individuals may login and complete training on their own, or the training can be viewed as a group. Use this form to record staff that completed the training as a group.</p> <p>-----</p> <p>OR Individual trainings can be credited when the employee submits their certificate <u>instead of this log.</u></p>
<p><b>Center Name and Code – location of training:</b></p>	<p>_____ CODE: _____</p>
<p><b>Certification statement:</b>      By signing this form, I certify that I have received Civil Rights Training via the ICN training site on the date next to my name.</p>	<p>Trainer: Institute of Child Nutrition – Civil Rights Training</p>

Employee Name	Title/Role	Employee Signature	Email	Civil Rights Training Date Completed

\*\*\*Submit this form to FP Assistance each time training is completed