

Newmeadow, Inc.

INDIVIDUAL TRAINING LOG FORM

Employee name (Print): _____ Site: Fort Edward

Program Name: Newmeadow, Inc Site Director: Rebecca Martin

Licensing period: September 01, 2023-August 31, 2025 License/Agency #: 798982

*Title of Training	*Presenter/Trainer	*Date of Training (mm/dd/yyyy)	*Total Time Needed (.25, .50, .75, 1.0)
Crisis Intervention	<i>Stephanie Laraway, Clinical Director</i>		.25
Corporate Compliance Training & End of the Month Training	<i>Ramona Grugnale, Compliance Director Melissa Meinhofer, Accounting Manager</i>		.25
Sexual Harassment-NYS	<i>NYS DOL</i>		1.0

Total Hours: 1.50

Employee Signature: _____

Date: _____