

8-hour Hospital Decon (HOS) Program Coversheet

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Site and Training Information

Institution: _____

Submitter: _____

City, State & Zip: _____

Date(s) of training/program: _____

Number receiving certificate of Successful Completion: _____

What type of training is this?

- In person only Synchronous online only Asynchronous online only
 Synchronous online and in-person combination Asynchronous online and in-person combination

Required Forms

Please indicate the number of each form included.

_____ **Registration Form**

_____ **HOS Evaluation Form**

Notes: _____
