# Training Cadre Application Supplement: Training Experience

**Instructions**: Use this form as a starting point for your development efforts. Customize this form, adding relevant information as appropriate or removing information that does not apply to your situation.

**Directions to Applicant**: Briefly describe the experiences you have had training adults on a school health-related subject matter. Please do **not** include elementary, secondary, and/or post-secondary classroom teaching experience. Add rows as needed.

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| --- | --- | --- | --- | --- | --- |
| Title of Training | Training Purpose | Target Audience | Period of Time Delivered | Length of each Session | Number of Times Conducted |
| *Example: Applied Suicide Intervention Skills and Training* | *Introduce new curriculum, meet national standards, address training gap, support new policies, etc.* | *School nurses, counselors, social workers, teachers* | *Jan 5‒6, 2012* | *2 full days* | *1* |
| [ENTER TITLE] | [ENTER PURPOSE] | [ENTER TEXT] | [ENTER DATES] | [ENTER LENGTH] | [ENTER NUMBER] |
| [ENTER TITLE] | [ENTER PURPOSE] | [ENTER TEXT] | [ENTER DATES] | [ENTER LENGTH] | [ENTER NUMBER] |
| [ENTER TITLE] | [ENTER PURPOSE] | [ENTER TEXT] | [ENTER DATES] | [ENTER LENGTH] | [ENTER NUMBER] |
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