



ANNUAL REPORT ON TRAINING STATUS
 Indiana State Coroners Training Board
 11/07

Last Name	First Name	Middle Name	Jr/Sr
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Maiden/other legal names	Social Security Number	Date of birth	Male/Female
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Date of hire	Name of department
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Employment status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
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<input type="checkbox"/> This coroner/deputy coroner did not complete the sixteen (16) hour minimum in-service training requirement for calendar year _____.
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Between January 01 and March 15 of each year, one copy of this completed form for each coroner/deputy coroner must be sent to the following address: Executive Director, Indiana State Coroners Training Board, 329 West 1200 South, Romney, IN 47981.

TRAINING START DATE (month,day,year)	TRAINING END DATE (month,day,year)	CTB TRAINING PROVIDER/INSTRUCTOR NUMBER	IN-SERVICE CREDIT (hours)

TOTAL NUMBER OF HOURS SUCCESSFULLY COMPLETED	
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Prepared by (type or print name)	Date prepared (month,day,year)	Prepared for year
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COMMENTS BY REPORTING AGENCY	FOR CTB USE ONLY
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