



# NV State Chaplains Task Force Log Sheet

Name \_\_\_\_\_

## Trainings Completed:

\*Broken Pneuma-2 Day Conference: Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_

\*Debriefing: Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_

\*Mini Training (3): Y\_\_\_\_ N\_\_\_\_ Date: Completed (3) \_\_\_\_\_

1.Training Topic:\_\_\_\_\_ Date: Completed\_\_\_\_\_

2.Training Topic:\_\_\_\_\_ Date: Completed\_\_\_\_\_

3.Training Topic:\_\_\_\_\_ Date: Completed\_\_\_\_\_

## \*Security Training:

1. Active Shooter (Included in Broken Pneuma): Y\_\_\_\_ N\_\_\_\_ Completed\_\_\_\_\_

2. Security Measures: Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_

## \*FEMA Certs

100 Certificate: Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_

200 Certificate: Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_

505 Certificate: Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_

\*CPR 1<sup>st</sup> Aid: Card/Active Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_

\*CLV CERT: Certificate: Y\_\_\_\_ N\_\_\_\_ Date Completed\_\_\_\_\_