



## Abusive Head Trauma Prevention Trainer Agreement December 2022

Having completed the Training of Trainers for Abusive Head Trauma Prevention Training, you are able to train others in Abusive Head Trauma Prevention.

As an approved Abusive Head Trauma Prevention Trainer:

- I understand that my name and contact information will be submitted to the Department of Children and Families and agree to have it added to the Approved Trainers for SBS & AHT Training for Child Care Providers list.

Please provide the information as you wish to have it appear on the DCF list.

|           |            |                        |
|-----------|------------|------------------------|
| Last Name | First Name | Agency (if applicable) |
|           |            |                        |
| City      | Phone      | Email                  |
|           |            |                        |

- I understand and agree to use the Abusive Head Trauma Prevention Training Materials developed by the Wisconsin Child Abuse and Neglect Prevention Board and the Wisconsin Department of Children and Families.
- I understand and agree to follow the Procedures for the Abusive Head Trauma Prevention Trainers including issuing Certificates of Completion and maintaining records of those who complete my training.

\_\_\_\_\_  
Signature of Approved AHT Trainer

\_\_\_\_\_  
Date