



State Youth Treatment – Implementation (SYT-I) Staff Training Tracking Form

Agency:
Month/Year of:

Please update any information that has changed thank you.

Staff Member Title Email Address		MDFT	MDFT Supervisor	MDFT Trainer	MET/CBT	MI	CASI	Trauma- Informed Care	FIT	Demographics	Currently in the project? Yes or No
	Trained?									Gender:	If no, date left:
	Original Certification Date									Race:	
	If not completed, estimated certification date									Ethnicity:	
	Recertification Date										

Was this record updated? Yes _____ or No _____ (put an X on the line)