**TRAINING LESSON PLAN**

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| **Date:** |  | | **Total Hours:** | | |  | |
| **Instructor(s)/Presenter(s):** |  | | | | | | |
| **Training/Course Sponsor:** |  | | | | | | |
| **Agency Receiving Training:** |  | | | | | | |
| **Training/Course Title/Topic:** |  | | | | | | |
| **Topics and Time**  (Hours utilized for credit cannot exceed the total duration of the course/training session; hours can be utilized from multiple topics for credit) | | | | | | | |
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| **Objectives:** | | | **Equipment Needed & Hand-outs Used:** | | | | |
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| **Reference Materials/Protocols:** | | | **Skills/Practical Stations:** | | | | |
|  | | |  | | | | |
| **Plan for Training in detail:** | | | | | | | |