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| **TIER II TRAINING ROSTER** |
| **Trainee Name** **(First, Last)** | **Staff ID Number** | **Email Address** | **Phone Number** | **Provider** **Type** | **Date(s) SPPC-II Tier II Training Attended** | **Received completion certificate (Y/N)** | **Notes** |
| *[Hospital AIM Team Lead Name]* | *101020x* | *aim@xx.com* | *333-333-3333* | *Nurse-midwife* | 11/01/2019 | *Y* |  |
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