## 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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