



ALM CONTACT HOUR TRACKING SHEET

While we strongly encourage certified individuals to obtain a certificate of completion/attendance or a copy of a sign-in roster as proof of participation in a training session or educational program, this tracking sheet may also be used for times that neither of those documents are available. Please include the session title, date, number of instructional hours, and indicate whether the session was a general management topic or specifically related to laundry and linen.

Name of certificant _____
Facility _____

Date: _____ Session Title: _____ Contact Hours: _____

Circle One: Laundry/Linen Management General Management

Instructor / Supervisor's Authorized Signature: _____

Date: _____ Session Title: _____ Contact Hours: _____

Circle One: Laundry/Linen Management General Management

Instructor / Supervisor's Authorized Signature: _____

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