



# SBE Seizure Training Checklist

TO BE SUBMITTED BY THE APPLICANT

Applicant Name and Title: \_\_\_\_\_

School or District: \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

**Please submit the following items:**

*Check each item that is enclosed and submit explanation of why any items were omitted.*

Required Materials:		Applicant Verification of Submitted Materials	For SBE office use only
<b>Certification Appeal Checklist Form and the following:</b>			
1.	Training for Licensed Medical Professionals (RN, LPN, etc.)		
2.	Training for Other School Personnel Professionals		
3.	Date the training(s) will be effective		
4.	The school's/district's policy on training (for example): <ul style="list-style-type: none"> <li>- Everyone will be trained</li> <li>- Only those who work with applicable pupils</li> <li>- Staggered approach beginning with all required personnel</li> </ul>		

**If any items listed above were omitted, please explain why:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Acknowledgements (initial below):**

\_\_\_\_\_ I acknowledge that we may utilize the [Epilepsy Foundation's](#) free, on-demand training. However, we choose to create our own personalized training.

\_\_\_\_\_ I acknowledge that Requirement Guidelines are available online to assist in the development of personalized training.

\_\_\_\_\_ I acknowledge that the Board does not meet in July and November.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date