Arizona Public Housing Authority

STAFF TRAINING INFORMATION

Property Name_____

Please complete the table below and provide this form to APHA staff at the Management and Occupancy Review.

Type of Training (On Site, HUD Seminars, Industry Trg, etc., and Provider, if known)	Staff Attendance List by Position/Title (Manager, Asst Manager, Svs Coord, Regional Manager)	Frequency (Weekly, Monthly, Quarterly, Annual)	Date Last Attended or Future Scheduled Date