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| **Training subject** | **Eligibility Training V2.0** |
| **Training materials***(include version number and date)* | * REMAP-CAP Eligibility Conf Training Slides\_v1.0 04.03.2024
 |
| **Site name / code***(ABC-XYZ)* |  |

**Training completed by:**

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| **Site Staff Full Name (Print):** | **Date of training completed by clinician** | **Signature of Clinician** |
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