FAIM Program

Education or Business Asset

 Training Hours Tracking

**FAIM Coach**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAIM Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **GOAL: Complete *10 hours* of training / counseling related to your chosen asset of:** **Post-Secondary Education** **Business Development****FAIM Client:** Return this completed worksheet to your FAIM coach. Training hours are required before you may access your FAIM account funds. |

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| **Date & number of hours spent:** | **Description of training / counseling:** What did you do?What topics were discussed?How does it relate to your education or business?What are your next steps? | **Counselor Information:**Printed name & SignatureTitle & Contact information |
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**FAIM Education or Business Asset Training Hours Tracking – Page 2**

**FAIM Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If additional space is needed, please start another form.**

**FAIM Coach** – keep a copy of completed form in the local client file with the Economic Education Notes form.