

# Self-Determination/Choice Voucher Staff Training Record

Employee Name: \_\_\_\_\_

Employer of Record: \_\_\_\_\_

**\*The list of trainings below must be completed prior to working with the participant\***

Please initial and date trainings as you complete them. Have the trainer initial where indicated. When all trainings are completed, sign and attach copies of cards and certificates requested and send to the Fiscal Intermediary and CMHSP.

Training	Staff Initials	Trainers Initials	Date Completed
<p><b><u>Recipients Rights:</u></b>                      Due at Hire - Every Two Years Thereafter                      I have attended Recipients Rights class.</p>			
<p><b><u>CPR/First Aid:</u></b>                      Due at Hire - Per Certificate - Every Two Years Thereafter  <b>*Include Copy of Card*</b>                      I have completed the CPR/First Aid. I believe I could perform CPR in case of an emergency.</p>			
<p><b><u>Blood Borne Pathogens &amp; Universal Precautions:</u></b>                      I have read the material on blood borne pathogens and the use of Universal precautions. I believe I am well informed about blood borne Pathogens and the use of universal precautions. To access training go to: <a href="http://www.saferesponse.com">www.saferesponse.com</a> or Washtenaw County's BBP training: <a href="http://www.cmhpsm.org/#!/trainingresources/cs1n">http://www.cmhpsm.org/#!/trainingresources/cs1n</a></p>		N/A	
<p><b><u>Medication Management:</u></b>                      Due at Hire if Dispensing Medication - Refresher every year thereafter. I will be passing medication as a part of my job and have the taken Medication Management class.</p>			
<p><b><u>Individual Plan of Service (IPOS):</u></b>                      Due Initially and as it is Revised or Updated - Minimum of Annually                      I have been in-serviced on the IPOS.</p>			
<p><b><u>Other:</u></b>                      Behavior Treatment Plan, Occupational Therapy Guidelines, or any plan related if applicable.</p>			

***I attest that all the above information is true and that I have completed all training requirements***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please copy for your own records