



DEAFBLIND/ MENTORING SERVICE

Maltreatment of Minors Training Certification

For Mentor and Deaf/Blind services employees who have received training on maltreatment of minors

Instructions: Each PICS employee should review the material in the Maltreatment of Minors Training Module and complete the questionnaire that summarizes the key points. When the Managing Party/ DHHS Regional Staff determines the employee has been properly trained this form should be signed and returned to:

**Partners in Community Supports (PICS)
1701 American Blvd. East, Suite #7
Minneapolis, MN 55425**

You should return this form only. Please keep the tests and training module for your records.

ACKNOWLEDGMENT OF TRAINING

Employee name (please print): _____

I have received training from the Managing Party/ DHHS Regional Staff named below on maltreatment of minors. I agree to comply with all policies and procedures.

Signature of employee

Date

Signature of PICS Managing Party/ DHHS Regional Staff

Date

Print name of Managing Party/ DHHS Regional Staff