



Required Training Checklist

The modules required to take each test can be obtained through the managing party.

Name of New Employee: _____ Date of hire: _____

Name of Managing Party: _____

1. _____ I have received and reviewed the Health Information Privacy materials and completed the test that accompanies this training (a signed training certification form is enclosed and must be returned to PICS).
2. _____ I have read the Harassment materials provided (a signed training certification form is enclosed)
3. _____ I have been trained in the Vulnerable Adult and the reporting requirements. I have completed the test that accompanies this training.
4. _____ I have been trained in the Maltreatment of Minors Act and the reporting requirements. I have completed the test that accompanies this training.
5. _____ I have reviewed the Blood-Borne Pathogens & Infection Control materials and received information on OSHA/Right to Know. I have completed the test that accompanies this training.
6. _____ I have reviewed the Risk Management/Health & Safety Plan for the client I am working with.
7. _____ I have reviewed the Signs and Symptoms of Illness materials and have completed the test that accompanies this training.
8. _____ If the consumer I am working with has a seizure disorder, I have reviewed the required seizure disorder-training module. I have discussed specifics of the person's seizures with my supervisor/the managing party. Please note: If the client does not have a seizure disorder, this training is optional.

Return this completed form to the PICS office; include all the sign-off sheets requested above.

Employee signature

Date

Managing Party signature

Date