



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 and Confidentiality Training (HIPPA) Module** 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 Training Module** provided (a signed training certification form is enclosed)

3. _____ I have reviewed the **Blood-Borne Pathogens & Infection Control Training Module** and received information on OSHA/Right to Know. I have completed the test that accompanies this training.

4. _____ I have reviewed the **Detecting the Signs and Symptoms of Illness Training Module** and have completed the test that accompanies this training.

5. _____ I have been trained in the **Maltreatment of Minors Training Module** and the reporting requirements. I have completed the test that accompanies this training.

6. _____ If the consumer I am working with has a seizure disorder, I have reviewed the **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.

7. _____ I have been trained in the **Vulnerable Adult Act Training Module** and the reporting requirements. I have completed the test that accompanies this training.

8. _____ I have reviewed the **Risk Management/Health & Safety Plan** as provided by the Managing Party for the client I am working with.

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

Employee signature

Date

Managing Party signature

Date