

Provider Training Log

Complete and maintain information below for each employee. Send Log and Certificates to ContractMGMT@SANILACCMH.ORG or FAX: 810-648-0319.
sheets/certificates (back up documentation to (Email: OR Fax:..... when requested).

Reminder: Complete and maintain Provider Recipient Rights Training Log.

Provider Name: _____

Date: _____



Employee Name						
Date of Hire						
Criminal Background Check (Initial & every other year)						
INITIAL						
DCH Curriculum Training						
Limited English Proficiency						
Transpotation Techniques						
INITIAL & ANNUAL						
Ethical Code of Conduct						
Emergency Preparedness/Safety						
Corporate Compliance						
Medication Refresher						
Cultural Diversity						
Universal Precautions Bloodborne Pathogens Infection Control						
Individual IPOS Training**						
INITIAL & EVERY OTHER YEAR						
CPR/First Aid****						
CPI* or Proactive Intervention						
HIPAA						
Violence in the Workplace						
TERMINATION DATE						
Employee Name						
Date of Hire						
Criminal Background Check (Initial & every other year)						
INITIAL						
DCH Curriculum Training						
Limited English Proficiency						
Transpotation Techniques						
INITIAL & ANNUAL						
Ethical Code of Conduct						
Emergency Preparedness/Safety						
Corporate Compliance						
Medication Refresher						
Cultural Diversity						
Universal Precautions Bloodborne Pathogens Infection Control						
Individual IPOS Training**						
INITIAL & EVERY OTHER YEAR						
CPR/First Aid****						
CPI* or Proactive Intervention						
HIPAA						
Violence in the Workplace						
TERMINATION DATE						

*Certified Physical Intervention

**IPOS Training (Each individual, face-to-face w/CSM within 30 days of hire or IPOS change

****LARA Approved