

**St. Clair County Community Mental Health
Employee Training Worksheet**

NAME: _____ TO BE COMPLETED BY: _____

PROGRAM: _____ DATE OF HIRE/TRANSFER: _____

JOB CLASS: _____ CANCEL/RESERVATIONS: _____

Training	Required	Training Date(s)	Training Location	Note:
Communicable Disease Level I (SSZM000313)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Corporate Compliance (X ZM000016)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cultural Competency (X ZM000147)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Home-Based Safety Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No			Supervisor to Provide
HIPAA I.S. Security Awareness (X ZM000276)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Intervention Techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IS Orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Level I Authorizations	<input type="checkbox"/> Yes <input type="checkbox"/> No			Orientation Worksheet
Limited English Proficiency (X ZM000019)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Managing Suicide Risk (C ZM000517)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Training	Required	Training Date(s)	Training Location	Note:
New Employee Orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OASIS Training	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Person Centered Planning 101 (C ZM000287)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP 301	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Positive Behavior Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Recipient Rights	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Recovery Training	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Recovery Overview (C ZM000345)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Safety (S ZM000309)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Self-Determination/Choice Voucher (C Z0000516)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Transition and Discharge (C ZM000394)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Transportation Techniques (S ZM000010)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Universal Precautions (S ZM000024)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Violence in the Workplace (S ZM000025)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you need to cancel or reschedule, you must do so 48 hours prior to the training or a No Show/Late Cancellation Memo will be sent to your supervisor and a corrective action plan may be applied.