

St. Clair County Community Mental Health Authority Staff Training/Requirement Reporting Form Port of Hopes

Legal Name: _____ Previous/Preferred Name: _____ (Aliases, Maiden, etc.)
PROOF of Legal Name (i.e. Driver's License/State ID if following Date of Hire)

Agency/Program: _____ Hire Date: _____

Position: _____ Termination Date: _____

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Cardio-Pulmonary Resuscitation (CPR)	Certification must be current at all times	All full-time staff who provide CLS, skill building, or respite services; ABA Technicians/other staff as identified by Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Cultural Diversity/Competency	Initial & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
First Aid	Certification must be current at all times	All full-time staff who provide CLS, skill building, or respite services; ABA Technicians; other staff as identified by Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
HIPAA	Within 30 Days of Hire & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Nonviolent Crisis Intervention (CPI)	Initial & Every Two Years	All staff who provide direct service to individuals with challenging behaviors, as assigned by agency/supervisor. Minimally this includes homes housing individuals served at Hayes, Roehl, Springborn, Wells, Colorado, Stone Creek, Abbottsford, Lincoln, Scott, Oak, private home and any contracted behavioral home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Positive Behavior Supports and Prevention Strategies	Initial & Every Two Years	All staff who work directly with individuals receiving services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Recipient Rights	Within 30 Days of Hire & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Universal Precautions/ Bloodborne Pathogens/ Infection Control	Initial & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____

Initial = Within 90 Days of Hire (unless noted otherwise in frequency)
Note: There is a 30 day grace period for recertifications and re-trainings.

PERSONNEL REQUIREMENT	Frequency	Compliant	Date(s) Completed
Criminal Background Check e.g. ICHAT, fingerprinting, Mich Doc, etc.	After Offer of Employment but Before Date of Hire/Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
MDHHS Central Registry-Only required (prior to start date) if working with individuals under 18	After Offer of Employment but Before Date of Hire/Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Driver's License/State ID Age Verification: 18+ years	Before Providing Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Driver's License Check Verify Current DL and Driving Record only for Staff Who Regularly Transports	Before Providing Service/Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Recipient Rights Background Check Office of RR Authorization To Disclose Employee Information and Release of Liability form New Hires Only (Form 02-0250)	After Offer of Employment but Before Date of Hire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

Authorized Signer: _____ Date: _____

Other Comments: _____

