

St. Clair County Community Mental Health Authority Staff Training/Requirement Reporting Form Self Directed/Choice Voucher Direct Care

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
Emergency Preparedness	Initial & Every Three Years	All staff who provide services for SED, HSW and Children's Waiver .	<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 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 _____
Individual Specific IPOS Training	Initial, Annual and Any time there is a change in IPOS	All Direct Service Staff	Compliance is monitored ongoing through Utilization Management reviews	
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 Only	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____

* Self Determination/Choice Voucher Direct Care Workers must complete ALL required training prior to starting to provide service. Medication Training is only required if staff are dispensing meds to the individual.

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	_____
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: _____