

STAFF TRAINING - Developmental Disabilities Services (COMAR 10.22.02.11C&D)

Please review the training record of each staff. For each training successfully completed, document the staff name in the 1st column and enter the date of training(s) successfully completed (Attach additional pages if needed, or utilize your own spreadsheet format.)

STAFF NAME	REQUIRED TRAININGS										
	INITIAL BLOODBORNE PATHOGENS	ANNUAL UPDATE BLOODBORNE PATHOGENS	CPR	FIRST AID	COMMUNITY INTEGRATION	IDOOP	CHARACTERISTICS	FUNDAMENTAL RIGHTS	COMMUNICABLE DISEASES	SUPPORTING IND & FAMILIES - CHOICE MAKING	COMMUNICATION

Licensed providers are held accountable to COMAR regulations associated with the staff training. Staff must meet all required training prior to providing services independently to participants. Staff training and qualification must be initially and continually met for payments.

EXPLAIN ALL INCOMPLETE TRAINING ITEMS ABOVE, INCLUDING THE PLAN FOR BRINGING STAFF INTO COMPLIANCE WITH DDA-MANDATED TRAINING REQUIREMENTS.

I hereby certify that the above information is true and correct as of: date

PERSON COMPLETING THE FORM SIGNATURE	PRINT NAME	DATE
EXECUTIVE DIRECTOR SIGNATURE	PRINT NAME	DATE