



TRAINING CERTIFICATION

TRAINEE INFORMATION

STAFF/CONTRACTOR NAME: _____

DATE OF TRAINING: _____ **TOTAL TRAINING HOURS:** _____

TRAINING LOCATION: _____

ANNUAL TRAINING REQUIREMENTS:

Please check the training session completed. For each training session completed, fill out a separate form. These trainings are mandated by the state and count toward the 24-hour requirement. Each staff and contractor should be submitting minimally 6 hours per quarter for a total of 24 hours by June 30th.

- Pre-service:** orientation to Early Intervention (EI), EI regulations, duties and responsibilities of position. This includes, but is not limited to, methods for working with families, interrelations of development, resources, natural environment and fiscal operation.
- CPR:** within 120 days of hire/sign on (if needed) - must always be current.
- First Aid:** within 120 days of hire/sign on (if needed) - must always be current.
- Fire Safety:** within 120 days of hire/sign on (if needed) - must always be current.
- Cultural Diversity/Cultural Sensitivity**
- Universal Health**
- Mediation and Procedural Safeguards**
- HIPAA/FERPA**
- Mandated Reporting**
- Transition**

Other: training relevant to early intervention services, child development or community resources for children with disabilities.

Topic(s): _____

Outcome(s): _____

Revised 08/04/11

TRAINER USE ONLY

This document, correctly signed and dated by the person administering the training, certifies that the above and titled person has successfully completed training for the checked categories on the given date and location. If training was administered at a location other than The Arc Alliance Children's Services and a signature was unattainable, proof of training must be provided. Proof of training includes, but not limited to, certificates or documents given from the training site.

TRAINER NAME: _____

APPROVAL SIGNATURE: _____

DATE: _____