

## Evidence of Staff Training

Employee's Name:		Employee Signature:	
Employee's Position:		Date of Hire:	

### The Following Topics Must Have Training **Annually**

Topic	Please Check Type of Training Done	Trainer	Annual Training		
			Initial/Date	Initial/Date	Initial/Date
Blood-borne Pathogens Exposure Prevention	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other				
Infection control and universal precautions	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other				
Biohazardous waste handling	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other				

### The Following Topics Must Have Training At Least **Once** or As Needed

Topic	Please Check Type of Training Done	Trainer	Initial/DATE
Fire Safety and Prevention	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Emergency non-medical (evacuation, workplace violence)	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Child/Elder/Domestic Violence Abuse reporting	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Cultural Linguistics	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Informed Consent/ Human Sterilization (N/A if no invasive procedures are performed onsite)	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Prior Authorization	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Grievance/Complaint Procedure	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Sensitive Services/Minors' Rights	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Health Plan Referral Process/procedures/resources	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		
Patient Confidentiality	<input type="checkbox"/> Handouts <input type="checkbox"/> Video <input type="checkbox"/> Lecture <input type="checkbox"/> Website <input type="checkbox"/> Other		