

COMPLETED TRAINING CHECKLIST

SUPERVISOR: Please complete all sections required for your staff. After all training (classroom or on-line) has been completed, write completion date(s) in the space provided and attach printed certificates (as well as Netsmart University transcripts) to the back of this form.

NAME: _____ **HOME:** _____

NAME OF CLASS	DATE CLASS SCHEDULED	DATE CLASS COMPLETED
CORE CLASSES:		
AHA Heartsaver First Aid/CPR/AED		
Cultural Competency & LEP		
Direct Support: Effective Teaching (formerly 'Role of Staff')	Online via Netsmart only	
Documentation		
Environmental Emergencies (In Home)		(fax completed checklist)
Health		
Introduction to Developmental Disabilities & Mental Illness		
Medication Administration		
Nonviolent Crisis Intervention I		
Nonviolent Crisis Intervention II		
Nutrition & Food Safety		
PCP/Self Determination		
Positive Behavior Support Practices (formerly 'Positive Techniques')		
Preventing Disease Transmission in the Workplace		
Recipient Rights		
Working With People – Human Needs & Communication		
NON-CORE CLASSES:		
Diabetes		
Mobility, Feeding, & Range of Motion		
Wellness & Recovery		
Other:		

Date Completed Training: _____ Employee signature _____ Supervisor signature _____

OTTAWA COUNTY TRAINING CENTER - 12263 James Street, Holland - Phone #: 616-494-5410