

EVIDENCE OF STAFF TRAINING

Employee's Name: _____ Date of Hire: _____

Employee's Position: _____ License Number: _____

Trainer or Learning Management System (LMS): _____

Annual Trainings						
	Topic	Brief description of training content	Training Dates			
	Infection Control & Universal Precautions					
	Blood Borne Pathogens Exposure Prevention					
	Biohazardous Waste Handling					

Trainings Upon Hire (and as needed)			
	Topic	Brief description of training content	Training Date
	Fire Safety & Prevention		
	Non-Medical Emergency Procedures: natural disaster (e.g. earthquakes), workplace violence, etc.		
	Medical Emergency Procedures & Action Plan		
	Patient Confidentiality		
	Informed Consent, including Human Sterilization		
	Prior Authorization Requests		
	Grievance/Complaint Procedure		
	Child, Elder, Domestic Violence Abuse		
	Sensitive Services/Minors' Rights		
	Health Plan Referral Process/Procedures/Resources		
	Cultural & Linguistics		
	Disability Rights & Provider Obligations		

Trainings as needed			
	Topic	Brief description of training content	Training Date
	Medication Administration Methods		
	Operation of Medical Equipment or Performance of Clinical Laboratory Procedures		

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