

EVIDENCE OF STAFF TRAINING LOG

Employee Name		Hire Date	
Employee Title		License/Cert #	

Instructions: Please identify all applicable trainings completed for each staff member. Training requirements may differ depending on role and scope of practice for each individual.

Annual Trainings	Inservice	LMS	Policy Review	Date Completed	Course Name or Description
Infection Control & Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Infection Control & Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Infection Control & Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Borne Pathogens Exposure Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Borne Pathogens Exposure Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Borne Pathogens Exposure Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Biohazardous Waste Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Biohazardous Waste Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Biohazardous Waste Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainings Upon Hire	Inservice	LMS	Policy Review	Date Completed	Course Name or Description
Fire Safety & Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Medical Emergency Procedures: natural disaster (e.g., earthquakes), workplace violence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Emergency Procedures & Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Informed Consent, including Human Sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prior Authorization Requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grievance/Complaint Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Child, Elder, Domestic Violence Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sensitive Services/Minors' Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Plan Referral Process/ Procedures/ Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cultural & Linguistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disability Rights & Provider Obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainings as needed	Inservice	LMS	Policy Review	Date Completed	Course Name or Description
Medication Administration Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Operation of Medical Equipment or Performance of Clinical Laboratory Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pediatric Screening Trainings	Inservice	LMS	Policy Review	Date Completed	Course Name or Description
Audiometric Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vision Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Anthropometric Measurements, including BMI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dental Screening and Fluoride Varnish Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		