

EVIDENCE OF STAFF TRAINING PERSONNEL TRAINING LOG - ACUPUNCTURE

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			
Grievance/Complaint Procedure			
Cultural & Linguistics			
Needlestick Safety Precautions and Sharps Injury Protocol			
Communication with Persons with LEP – Interpreter Services (Language Line)			

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