

Louisiana Department of Health and Hospitals
Office of Aging and Adult Services
Self-Direction Option for Community Choices Waiver

Verification of Initial Employee Training Requirements Form

Participant's Name (printed): _____

Employer's Name (if not participant) (printed): _____

Employee's Name (printed): _____ **Employee's ID #:** _____

Each employee is required to successfully complete the below listed training within 90 days of his/her "good to go" hire date.

Write in information and place check marks in the places provided below, to indicate all requirements have been met. Complete and submit a copy of this document to Acumen once all training requirements are met. *Indicates the training is available on-line.

Separate Certificate Required for the following:

Course Title/Content (Credit Hours if applicable)	Date Completed (write in month, day and year)	Verification on File (place check in box)
Basic First Aid (note: a 5.5 hour on-line *first aid refresher course is available for use annually after have met initial requirement.)		Copy of Card or Certificate attached and on file with employer <input type="checkbox"/>
*Abuse (2 hours)		Certificate on file with employer <input type="checkbox"/>
*Confidentiality and Health Information Portability and Accountability Act (HIPAA) (1.25 hours)		Certificate on file with employer <input type="checkbox"/>
*Overview of Principles of Positive Behavior Supports for Direct Support Professionals (4.25 hours)		Certificate on file with employer <input type="checkbox"/>
*Supporting Everyday Lives of People with Disabilities (3 hours)		Certificate on file with employer <input type="checkbox"/>
*Guidelines for Documentation (2 hours)		Certificate on file with employer <input type="checkbox"/>

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Separate Certificate Not Required for the following initial training sessions:

Course Title/Content (Required <u>Clock Hours</u>)	Date(s) of Training (write in month, day and year for each training date)	Clock Hour Requirement Met (place check in box)
Implementing the Service Plan-Participant Specific Services and Supports (<u>2 hours</u>)		Requirement met <input type="checkbox"/>
Responsibilities of the OAAS Self-Direction Employee (as outlined in OAAS Self-Directed Option Handbook) (<u>1.5 hours</u>)		Requirement met <input type="checkbox"/>

I do hereby affirm that all required self-direction employee training has been successfully completed by the specified employee whose name is printed above and signed below.

I understand that successful and timely completion of all specified training and necessary forms are required for the employee to be paid and to continue to work as a Community Choices Waiver self-direction employee.

Signature of Participant/Authorized Representative

Date Signed (month, day and year)

Signature of Employee

Date Signed (month, day and year)