

# AuSable Valley Community Mental Health Authority

D. Jay O'Farrell, Board Chairperson  
Diane C. Pelts, M.A., Chief Executive Officer

## **Contracted Provider Training Signature Page AuSable Valley Community Mental Health Authority**

My signature below acknowledges that I have completed all the required training listed herein. Additionally, I understand that this completed form must be returned to my Employer within 90 days for compliance and audit purposes.

Date: \_\_\_\_\_ CPR and First Aid Training  
(for direct care within 30 days of hire and annually thereafter)

Date: \_\_\_\_\_ Blood Borne Pathogens and Infection Control Training  
(within 10 days of hire and annually thereafter)

Date: \_\_\_\_\_ CPI Physical Management Techniques (or equivalent)  
(for direct care within 90 days of hire and annually thereafter)

Date: \_\_\_\_\_ Recipient Rights Training  
(within 30 days of hire and annually thereafter)

Date: \_\_\_\_\_ Corporate and Regulatory Compliance  
(within 30 days of hire and annually thereafter)

Date: \_\_\_\_\_ HIPAA Training  
(within 30 days of hire and annually thereafter)

Date: \_\_\_\_\_ Appeals and Grievances  
(within 90 days of hire and annually thereafter)

Date: \_\_\_\_\_ Advance Directives  
(within 90 days of hire)

Date: \_\_\_\_\_ Person-Centered Planning  
(within 30 days of hire and annually thereafter)

Date: \_\_\_\_\_ Limited English Proficiency (LEP)  
(within 90 days of hire)

Date: \_\_\_\_\_ Culture of Gentleness  
(within 60 days of hire)



### ADMINISTRATIVE OFFICE:

P.O. Box 310  
1199 W. Harris Ave  
Tawas City, MI 48764  
(989) 362-8636  
FAX (989) 362-7800

P.O. Box 148  
42 N. Mt. Tom Rd  
Mio, MI 48647  
(989) 826-3208  
FAX (989) 826-6779

P.O. Box 218  
5805 Cedar Lake Rd.  
Oscoda, MI 48750  
(989) 739-1469  
FAX (989) 739-9901

511 Griffin  
West Branch, MI 48661  
(989) 345-5571  
FAX (989) 345-4111



Please visit us at: [www.avcmh.org](http://www.avcmh.org)

My signature indicates I have completed the above listed training.

Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please contact AuSable Valley Community Mental Health Authority with any questions.

Respectfully,

Julie Streeter  
AuSable Valley Community Mental Health Authority  
Agency Trainer  
[Julie.Streeter@avcmh.org](mailto:Julie.Streeter@avcmh.org)  
989-305-9776



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