

Contracted Provider Training Completion Signature Page

All PROVIDERS AND SERVICES:	Compliance Due Date	Completed Date
Corporate and Regulatory Compliance	Within 30 days of hire and annually	
Blood Borne Pathogens/Infection Control	Within 30 days of hire and annually	
HIPAA Privacy and Security	Within 30 days of hire and annually	
Recipient Rights	Within 30 days of hire and annually	
Advanced Directives	Within 90 days of hire	
Person-Centered Planning	Within 30 days of hire and annually	
Appeals & Grievances	Within 90 days of hire and annually	
Cultural Competency and Diversity	Within 1 year of hire and annually	
Limited English Proficiency (LEP)	Within 90 days of hire and annually	
Non-Physical Intervention (Verbal de-escalation) (DCW)	Within 90 days of hire and bi-annually	
Environmental Safety	Within 1 year of hire	
Trauma Informed Care	Within 90 days of hire	
Culture of Gentleness	Within 60 days of hire	
CPR and First Aid Training (DCW)	Within 30 days of hire and bi-annually	

My signature below acknowledges I have completed all required trainings listed herein. Additionally, I understand that this completed form must be returned to the Employer within 30 days in order to receive payment. All trainings must be completed annually with proof submitted to the Employer for audit purposes.

Printed Name: _____

Employee Signature: _____

Hire Date: _____

Date: _____

Organization: _____

You may use the free website: <https://improvingmipractices.org> or any other Medicaid approved training sites.

Please note verification of listed trainings may be requested for annual site audits.

Please contact Wellvance with any questions.

Respectfully,

Julie Streeter
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