



Required Training	Initial Due	Initial Resource	Renewal Due	Renewal Resource	Additional Notes
IPOS	Before Hire	Completed with Employer and Case Manager	Annually	Completed with Employer and Case Manager	Submit proof of training to Stuart Wilson
Emergency Preparedness	Before Hire	<a href="https://www.improvingmipractice.org/">https://www.improvingmipractice.org/</a>	3 Years	<a href="https://www.improvingmipractice.org/">https://www.improvingmipractice.org/</a>	This training is required for any Child who is part of the SED and CWP Waivers. Submit proof of completion to Stuart Wilson.
Knowledge of First Aid	30 Days	Stuart Wilson Training guide	Annually	Stuart Wilson Training Kit	Submit proof of completion to Stuart Wilson- Training log
Recipient Rights	30 Days	In-Person or online if approved NLCMHA <b>Phone:</b> Clarisse Hartnett-Manny- 231-933-4917 Beth Burke- 231-876-3249 <b>Email:</b> <a href="mailto:training@nlcmh.org">training@nlcmh.org</a> <b>Fax:</b> 231-876-0353	Annually	In-Person or online if approved NLCMHA <b>Phone:</b> Clarisse Hartnett-Manny- 231-933-4917 Beth Burke- 231-876-3249 <b>Email:</b> <a href="mailto:training@nlcmh.org">training@nlcmh.org</a> <b>Fax:</b> 231-876-0353	Contact NLCMHA using the resources provided to register for new hire or refresher training. Submit proof of completion to Stuart Wilson
Bloodborne Pathogens	30 Days	Stuart Wilson Training guide	Annually	Stuart Wilson Training Kit	Submit proof of completion to Stuart Wilson- Training Log

Submit proof of training using one of the following methods:

Email: [Training@stuartwilsonfi.com](mailto:Training@stuartwilsonfi.com)

Fax: 989-832- 5404

Mail: 6300 Schade Drive Midland, MI 48640

I understand that I must obtain the initial trainings and maintain the renewal trainings listed in this Training Grid

Phone: 989-832-5400 • Fax: 989-832-5404 • E-mail: [training@stuartwilsonfi.com](mailto:training@stuartwilsonfi.com)

Required Training	Initial Due	Initial Resource	Renewal Due	Renewal Resource	Additional Notes
IPOS	Before Hire	Completed with Employer and Case Manager	Annually	Completed with Employer and Case Manager	Submit proof of training to GT Independence.
Emergency Preparedness	Before Hire	<a href="https://www.improvingmipractices.org/">https://www.improvingmipractices.org/</a>	3 Years	<a href="https://www.improvingmipractices.org/">https://www.improvingmipractices.org/</a>	This training is required for any Child who is part of the SED and CWP Waivers. Submit proof of completion to GT Independence.
Knowledge of First Aid	30 Days	GT Independence Training Kit	Annually	GT Independence Training Kit	Submit proof of completion to GT Independence- Training log
Recipient Rights	30 Days	In-Person or online if approved NLCMHA <b>Phone:</b> Clarisse Hartnett-Manny- 231-933-4917 Beth Burke- 231-876-3249 <b>Email:</b> <a href="mailto:training@nlcmh.org">training@nlcmh.org</a> <b>Fax:</b> 231-876-0353	Annually	In-Person or online if approved NLCMHA <b>Phone:</b> Clarisse Hartnett-Manny- 231-933-4917 Beth Burke- 231-876-3249 <b>Email:</b> <a href="mailto:training@nlcmh.org">training@nlcmh.org</a> <b>Fax:</b> 231-876-0353	Contact NLCMHA using the resources provided to register for new hire or refresher training. Submit proof of completion to GT Independence
Bloodborne Pathogens	30 Days	GT Independence Training Kit	Annually	GT Independence Training Kit	Submit proof of completion to GT Independence- Training Log

Submit proof of training using one of the following methods:

Email: [customerservice@gtindependence.com](mailto:customerservice@gtindependence.com)

Fax: 888-972-3891

Mail: 215 Broadus St. Sturgis, MI 49091

I understand that I must obtain the initial trainings and maintain the renewal trainings listed in this Training Grid.

Phone: 877-659-4500 • Fax: 888-972-3891 • E-mail: [customerservice@gtindependence.com](mailto:customerservice@gtindependence.com)