



## Autism ABA Services Initial & Ongoing Training Requirements & Attestation

The following is a list of trainings required by Northern Lakes CMHA to comply with current licensures and accrediting bodies (i.e. MDHHS, AFC Licensing, MIOSHA, CARF). Trainings listed below are to be completed before employee works independently with consumers unless time is indicated.

Training records are required, which may consist of all or any of the following: certificate of completions, copy of training materials used, a sign-in sheet of the staff who participated in the training and the signature of the manager/facilitator which serves as proof of competency for the attendees in their knowledge of the subject presented.

Title	Topic	Source	Location	Frequency	Date/Initial Completed
<b>Compliance Training</b>	<b>NLCMHA Compliance, HIPAA, Privacy, Confidentiality</b>	NLCMHA Power-Point	Nothernlakescmh.org	Within 30 days of hire Annual	
<b>Culture of Gentleness</b>	<b>Culture of Gentleness</b>	NLCMHA Power-Point	Northernlakescmh.org	Within 30 days of hire Annual	
<b>Cultural Competence</b>	<b>Cultural Competence</b>	Online course	Improvingmipractices.org	Within 30 days of hire 3-Year	
<b>Individual Person-Centered Plan/IPOS</b>	<b>Inservice of Individual Plan of Service, IPOS by CSM</b>	NLCMHA Staff/Provider	NLCMHA	Within 90 days of hire Ongoing	
<b>Limited English Proficiency</b>	<b>Limited English Proficiency (LEP)</b>	Online Course	Improvingmipractices.org	Within 30 days of hire 3-Year	
<b>Recipient Rights for Community Mental Health and Affiliated Agency Staff</b>	<b>Recipient Rights: Including Confidentiality Abuse/Neglect, Report of Incidents and Adverse Effects</b>	Online Course	Improvingmipractices.org	Within 30 days of hire Annual	

Staff Name: \_\_\_\_\_



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Title	Topic	Source	Location	Frequency	Date/Initial Completed
<b>Recipient Rights Refresher</b>	<b>Recipient Rights: Including Confidentiality Abuse/Neglect, Report of Incidents and Adverse Effects</b>	Live Virtual Class	NLCMHA Registration required <a href="mailto:training@nlcmh.org">training@nlcmh.org</a>	Annual after initial training	<b>Recipient Rights Refresher</b>

Staff Name: \_\_\_\_\_



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**Training Attestation**

Organization Name: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ & Phone Number: \_\_\_\_\_

I \_\_\_\_\_ attest that I have reviewed, completed, and understand the training materials related  
(Print Staff Name)  
to the topics listed in this document.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_