



Community Living Supports / Supported Employment 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). Training is 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
CPR/First Aid	CPR/First Aid	American Red Cross or American Heart Association	American Red Cross or American Heart Association	Within 90 days of hire Update per Certification	
Compliance Training	NLCMHA Compliance, HIPAA, Privacy, Confidentiality	NLCMHA Power-Point	Northernlakescmh.org	Within 30 days of hire Annual	
Creating Cultures of Trauma-Informed Care	Trauma-Informed Care	Online Course	Improvingmipractices.org	Within 90 days of hire	
Crisis Prevention	Behavior Crisis Prevention and Intervention	Online Course	Improvingmipractices.org	Within 90 days of hire 3-Year Refresher	
Culture of Gentleness	Culture of Gentleness	NLCMHA Power-Point	Northernlakescmh.org	Within 30 days of hire Annual	
Cultural Competence	Cultural Competence	Online course	Improvingmipractices.org	Within 30 days of hire Annual	

Staff Name: _____



Community Living Supports / Supported Employment 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). Training is 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
Emergency Preparedness	Emergency Preparedness	Online course	Improvingmipractices.org	Within 30 days of hire 3-Year Refresher	
Grievance & Appeals	Due Process, Exercising Rights, Grievance & Appeals	NLCMHA Power-Point	Northernlakescmh.org	Within 30 days of hire Annual	
HIPPA Essentials	HIPPA	Online course	Improvingmipractices.org	Within 30 days of hire	
Individual Person-Centered Plan/IPOS	Inservice of Individual Plan of Service, IPOS by CSM	NLCMHA Staff/Provider	NLCMHA	Within 90 days of hire Ongoing	
Infection Control for Direct Care Workers	Infection Control & Standard Precautions	Online Course	Improvingmipractices.org	Within 30 days of hire Annual	

Staff Name: _____



Community Living Supports / Supported Employment 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). Training is 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
Limited English Proficiency	Limited English Proficiency (LEP)	Online Course	Improvingmipractices.org	Within 30 days of hire Annual	
Medication Administration (Only staff that are administering medications)	Medication Administration	Read/Review/Test Materials	NLCMHA Registration required training@nlcmh.org	Within 90 days of hire	
Medication Administration Refresher	Medication Refresher	Online course	Improvingmipractices.org	3-year Refresher	
Person-Centered Planning Process with Children, Adults, and Families	Person-Centered Planning	Online Course	Improvingmipractices.org	Within 30 days of hire Annual	
Recipient Rights for Community Mental Health and Affiliated Agency Staff	Recipient Rights: Including Confidentiality Abuse/Neglect, Report of Incidents and Adverse Effects	Online Course	Improvingmipractices.org	Within 30 days of hire	

Staff Name: _____



Community Living Supports / Supported Employment 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). Training is 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
Recipient Rights Refresher	Recipient Rights: Including Confidentiality Abuse/Neglect, Report of Incidents and Adverse Effects	Live Virtual Class	NLCMHA Registration required training@nlcmh.org	Annual after initial training	
Suicide Basics	Suicide Basics	NLCMHA Power-Point	Northernlakescmh.org	Within 30 days of hire	

Staff Name: _____



**Community Living Supports / Supported
Employment Services**

Initial & Ongoing Training Requirements & Attestation

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: _____

Staff Name: _____