



Professional / Independent Contractor 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
Compliance Training	NLCMHA Compliance, HIPAA, Privacy, Confidentiality	NLCMHA Power-Point	Nothernlakescmh.org	Within 30 days of hire Annual	
Culture of Gentleness	Culture of Gentleness	NLCMHA Power-Point	Northernlakescmh.org	Within 30 days of hire Annual	
Cultural Competence	Cultural Competence	NLCMHA Power-Point	Improvingmipractices.org	Within 30 days of hire 3 Year	
Individual Person-Centered Plan/IPOS	Inservice of Individual Plan of Service, IPOS by CSM	NLCMHA Staff/Provider	NLCMHA	Within 90 days of hire Ongoing	
Limited English Proficiency	Limited English Proficiency (LEP)	Online Course	Improvingmipractices.org	Within 30 days of hire 3 Year	
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 Annual	

Staff Name: _____



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Recipient Rights Annual 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 first year
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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: _____