

NORTH COUNTRY COMMUNITY MENTAL HEALTH

NOTES: This must be current at all times and you must have supporting documentation as it may be requested at any time.

Provider:	Hire Date	FY_____	FY_____	FY_____	FY_____	FY_____
Name:						
Job Title:						
Date of Hire:						
Date of Criminal Record Check: Prior to date of hire, then every two (2) years						
Proof of age: (ex: Driver's License, MI I.D.)						
Date of Training in Prevention of Communicable Diseases: (example: Bloodborne Pathogens) Annually						
Date of Training in CPR/First Aid and Emergency Procedures: (Example Training log, CPR/FA card) within 30 days of Hire, then every two years						
Date of training for beneficiary specific IPOS: (Example: Signature or IPOS, or Training Log) Annually						
Date of original CPI Training within 90 days and CPI Updates if required in the client's IPOS						
Recipient Rights training within 30 days of hire, then quarterly brochures						
Medicaid False Claims Training & Attestation (Annual updates required)						