

Guidelines for Completing the Proof of Training Form

1. The Proof of Training Form needs to be completed with the **supervisor** of all Programs/Day Programs/AFC Homes/CLS staff providing CLS and Personal Care. If 2 unsuccessful attempts to provide training to supervisor, SC should contact home/program provider.
(Ideally this will occur during the IPOS meeting or within 15 days of completion of IPOS)
2. Supports Coordinators will review IPOS goals and objectives and Care Plan where appropriate.
3. Complete the Proof of Training Form (one for each program/home where applicable) and obtain signature/s
4. The proof of Training Form needs to be completed when there is:
 - a. A new IPOS or Care Plan
 - b. A new SUPERVISOR at the program/home
 - c. An addendum/review where changes were made that impact the role of the provider.
5. Give SIGNED form to clerical.
6. Clerical will scan into EMR as an attachment to the corresponding IPOS selecting Proof of IPOS Training under the **Attachment Type**.
7. When unable to complete during IPOS meeting, Supports Coordinator will reach out to Supervisor of home, program, CLS staff to set a date/time to review IPOS and Care Plan (either in person or via telehealth means)
8. For in person training Supports Coordinator will
 - a. Complete the identifying information and collect signatures at the completion of the training.
 - b. Give signed form to clerical to scan into the chart.
9. Clerical will inform SC via NorthStar that document is scanned in and sent out to home/program supervisor via the Disclosure Queue. **This is to send a copy of the signed training document back to the home for the client record.**

If a Health Care Plan, PT Plan or Behavior Plan exists it is the responsibility of the author of the plan to conduct the appropriate training. This same procedure and associated forms can be used.

Supports Coordinators: Please remember to

- a. Print off Proof of Training for IPOS for Program/Home Staff and give to trained Supervisor.
- b. Instruct supervisor that they need to:
 - i. Place document with IPOS in the client paper chart
 - ii. Train staff
 - iii. Have program staff sign the form once they have been trained on the IPOS and all associated documents.



North Country Community Mental Health
PROOF OF TRAINING FORM

CLIENT NAME	CASE NUMBER	MEDICAID ID
HOME/DAY PROGRAM/AGENCY	DOB	GENDER

Trainee	Date Trained

Trainer Acknowledgement: I acknowledge that I have trained the individual listed above on the implementation of the

Check Here	Name of Document	Effective Date
	IPOS	
	Addendum/Review (where changes were made that impact the role of the provider)	
	Care Plan	
	Other:	

The trainee(s) listed above can now train others on the above marked documents.

Trainer Signature

Trainee Acknowledgement: I acknowledge that I have been trained and will now train others on these documents. I understand I must keep a copy of this form and the information contained in it safe, confidential, and readily available for inspection.

Signature	Effective Date

Proof of Training for IPOS for Program/Home Staff

