

Guidelines for Completing the Proof of Training Form

1. The Proof of Training Form needs to be completed with the **supervisor** of all Programs/Homes/CLS staff providing CLS and Personal Care.
2. Please NOTE: The IPOS document **MUST** be **SIGNED** by guardian/client prior to training.
3. Supports Coordinators will review IPOS goals and objectives and Care Plan where appropriate.
4. Complete the Proof of Training Form (one for each program/home where applicable) and obtain signature/s within 15 days of the completion of the IPOS.
5. 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.
6. For in person training where NorthStar connectivity is available Supports Coordinator:
 - a. Will complete the form in NorthStar and collect witness signatures at the completion of the training.
 - b. Send a copy with all signatures documented in a release packet to be sent to the program supervisor for their onsite records.
7. When this training occurs via telehealth or there was no internet connectivity at time of training, Supports Coordinator will:
 - a. Complete the form in NorthStar and sign it.
 - b. Send the form out as a Release Packet to the program trained to collect wet signatures. *Inform them to copy the signed form to keep as a record in their client chart before they return the signed form to us.*
8. When the signed document is received, Medical Records will scan this document into EMR as an attachment to the original form.

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 **Instruct** program supervisor that they need to:

- i. Place printed signed Proof of Training document with IPOS in the **client** paper chart when they receive it.
- ii. Train their staff
- iii. Have program staff sign the Proof of Training for IPOS for Program/Home Staff (see last page for example) once they have been trained on the IPOS and all associated

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To create a required Proof of Training for IPOS documents click on the Add Proof of Training link located near the bottom of the page.

Proof of Trainings

No Proof of Trainings Exist
[Add Proof of Training](#)

A Proof of Training record needs to be completed for **every** LOCATION/Program where you train on these documents.

Enter the date you **trained** and the **Program**.

Proof Of Training

Document Date Home / Day Program / Agency [lookup](#)

[Use Current Date](#)

Trainees [+ Add Trainee](#)

Date Trained	Trainee Name	
<input type="text"/>	<input type="text"/>	✗
<input type="text"/>	<input type="text"/>	✗
<input type="text"/>	<input type="text"/>	✗
<input type="text"/>	<input type="text"/>	✗
<input type="text"/>	<input type="text"/>	✗

Enter the Date and names of the staff you trained.

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.

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

Check off the specific document/s you trained.

To record a document, you trained on that is not automatically displayed click [Add Document Trained](#) and complete

Documents Trained [+ Add Document Trained](#)

Trained?	Date	Document
<input type="checkbox"/>	03/29/2023	POS Addendum
<input type="checkbox"/>	12/28/2022	POS Addendum
<input type="checkbox"/>	12/28/2022	POS Meeting
<input type="checkbox"/>	02/01/2023	POS Periodic Review
<input type="checkbox"/>	12/28/2022	POS Pre-Plan

Comments

Enter the Date and the name of the document.

<input type="checkbox"/>	03/30/2023	POS Meeting	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	✗

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If possible, capture staff signatures at the time of Training.
Remember to click on the box, "Check here to obtain next digital signature now."

If you entered multiple Digital Signature Lines, it would display a **Save and Continue to Next Digital Signature** until all signatures have been captured.

Once complete, your entry will look like the example below.

Proof of Trainings		
Date	Home/Day Program/Agency	Status
04/24/2023	61 Bergmann Center	SIGNED BY: DIANNE FORSTER Witness Witness

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Proof of Training for IPOS for Program/Home Staff

CLIENT NAME	DOB	GENDER
PROVIDER NAME	<input type="checkbox"/> IPOS <input type="checkbox"/> ADDENDUM/Review (where changes were made that impact the role of the provider) <input type="checkbox"/> Other _____	DATE OF DOCUMENT

Trainee Acknowledgement: I acknowledge that I have been trained on the individual listed above on the implementation of their Individual Plan of Service and associated care plans.

Print Staff Name	Signature	Trainer/Supervisor	Date Trained