- 1. The Proof of Training Form needs to be completed with the <u>supervisor</u> 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 <u>attachment</u> 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 <u>Instruct</u> 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 <u>Proof of Training for IPOS for Program/Home Staff</u> (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.



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 Add Trainee **Date Trained Trainee Name** 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 To record a document, you trained on Check off the specific that is not automatically displayed click document/s you trained. Add Document Trained and complete **Documents Trains** Add Document Trained Date Document Trained? 03/29/2023 POS Addendum 12/28/2022 POS Addendum 12/28/2022 POS Meeting 02/01/2023 POS Periodic Review 12/28/2022 POS Pre-Plan Comments Enter the Date and the name of the document. 03/30/20

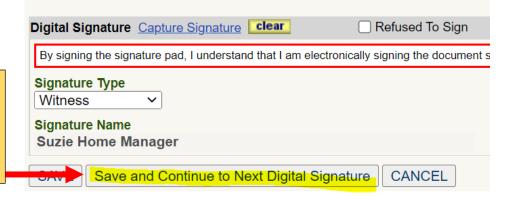
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If possible, capture staff signatures at the time of Training.

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

PROVIDER NAME Trainee Acknowledgement: I acknowledge that I have of their Individual Plan of Service and associated care process.		DOB IPOS ADDENDUM/Review (where changes were made that impact the role of the provider) Other ve been trained on the individual listed above on toplans		DATE OF DOCUMENT the implementation	

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