NORTH COUNTRY COMMUNITY MENTAL HEALTH						
NOTES: <u>This must be current at all times and you must have supporting documentation as it may be requested at any time.</u>						
Provider:	Hire Date	FY_____	FY_____	FY_____	FY_____	FY_____
Name:						
Date of Hire:						
Job Title:						
Date of Criminal Record Check: Prior to date of hire, then every three (3) years						
Proof of age: (ex: Driver's License, MI I.D.)						
Date of Training in Bloodborne Pathogens/Infection Control: within 60 days of hire, 3-year cycle						
Date of Training in CPR/First Aid: within 30 days of hire, then every two (2) years						
Date of original MANDT Training: within 60 days of hire and 3 year update						
Date of Recipient Rights Training: within 30 days of hire, refresher to be completed annually						
Date of Emergency Preparedness Training: within 60 days of hire, 3-year cycle						
Date of Medication Administration/Vital Signs Training: required within 60 days of hire, 3 year refresher (via IMP)						
Date of HCBS Training: within 30 days of hire, then completed annually						