



**Macomb County Community Mental Health
Self-Determination Employee Training Tracking**

Refer to SD Direct Employment Training Grid for training details

Staff Name: _____

Date of Hire: _____

REQUIRED TRAINING:	INITIAL TRAINING DUE BY:	DATE OF INITIAL TRAINING:	REPEAT TRAINING DUE BY:	DATE OF REPEAT TRAINING:
Bloodborne Pathogens / Universal Precautions/ Infection Control <i>* Required</i> (RAPID TRAINING)				
Person-Centered Planning-IPOS Plan Goals and Objectives <i>*Required</i> (RAPID TRAINING)				
Emergency Preparedness <i>*Required if working w/SED or CW W</i> (RAPID TRAINING)				
Basic First Aid <i>*Required</i>				
Recipient Rights <i>*Required</i>				
Behavior Treatment Plan Specific to Person <i>* (Required if plan exists)</i>				
Corporate Compliance/ HIPAA <i>(Strongly Encouraged)</i>				
CPR <i>(Strongly Encouraged)</i>				
Cultural Competency <i>(Strongly Encouraged)</i>				
Grievances and Appeals <i>(Strongly Encouraged)</i>				
Limited English Proficiency <i>(Strongly Encouraged)</i>				
Trauma-Informed Care <i>(Strongly Encouraged)</i>				
Other per IPOS (if any): _____ _____				

***Required Trainings** within 30 days of hire. **RAPID TRAINING** completed prior to billable services delivered. Employers are responsible for ensuring that hired staff remain compliant with initial and repeat training timeframes. Staff missing training risk not being paid.