

EMPLOYEE TRAINING LOG

Employee _____ Hire Date _____

Employer or Representative's Name: _____

Training Requirement	Training Provided By/Date	Certificate or Documentation Obtained
CPR		
First Aid		
Review of the Individual's Support Plan and Goals		
Billing procedures		
Time Sheet Expectations and Due Dates		
Clinical Documentation Requirements		
Notification of Absences		
Emergency Procedures and Contacts		
Medication Administration, if assisting Individual with medications		
Incident Reporting		
Behavioral Intervention Training		
Bloodborne Pathogens Training		
Individual Support- behavioral challenges		
Individual Support- Preferences		
General Support		
Individual Support - Physical		
Individual Support – Personal Care		

