

Training Documentation

Name of Person Trained:

Title of Training:

Description of the Training Completed:

Date of Training:

Duration of Training:

Instructor's Name (If applicable):

URL/Website of Training (If applicable):

For training to be used to meet the requirements of OAC 5123-2-08 Appendix C Annual (2)(c) or OAC 5123-2-09 Appendix A Annual (2), identify which area the training pertains to:

Components of quality care (examples include but are not limited to interpersonal relationships and trust; cultural competency; effective communication; person-centered philosophy, planning, and practice; implementing individual service plans; trauma-informed care; or empathy-based care)

Health and safety (examples include but are not limited to signs and symptoms of illness or injury and procedure for response, or transportation safety)

Positive behavioral support (examples include but are not limited to creating positive culture; general requirements for intervention and behavioral support strategies and role of the direct support professional including documentation; or crisis intervention techniques)

Note: This Training Documentation template only addresses the elements required in OAC 5123-2-08 (F)(2) for documentation of training and is not an all-inclusive list of all required initial and ongoing training or personnel requirements. Provider is responsible for knowing and being compliant with all applicable requirements.