

CONFIRMATION OF TRAINING FORM

Report Submission: This form is to be completed and submitted annually upon request, prior to the audit.

Program Name: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the DATE of the latest training staff person attended for each category:

EMPLOYEE NAME	LIMITED ENGLISH PROFICIENCY (Training w/in first 6 mos. Of hire& thereafter according to provider policy)	CULTURAL COMPETENCY (Training w/in first 6 mos. Of hire& thereafter according to provider policy)	CORPORATE COMPLIANCE & DEFICIT REDUCTION ACT (Upon hire & thereafter according to provider policy)	RECIPIENT RIGHTS (Training w/in first 30 days of hire & thereafter according to provider policy)	MEDICAID FAIR HEARINGS (Training w/in first 30 days of hire & thereafter according to provider policy).	ADVANCE DIRECTIVES (Training w/in first 90 days of hire &annually thereafter)	CONFIDENTIALITY (42 CFR Part2) & HIPAA (45 CFR) (Training w/in first 15 days of hire & thereafter according to provider policy)	PREVENTION OF COMMUNICABLE DISEASES, UNIVERSAL PRECAUTIONS, HIV/AIDS PREVENTION &CONFIDENTIALITY (Training w/in first 6 mos. of hire)