

EMPLOYEE FILE:

Name: _____ DOH: _____ Position: _____

SECTION A:

Seasonal Flu date or decline for 20__ :
Seasonal Flu date or decline for 20__ :
LGBTQ: _____

Date of completed CORI check: _____

Documentation of Personal Care Services Provider Training:

MA CNA License: _____ Date MA HHA: _____ Date Personal Care Training (54 hours): _____ Date
MA Required Topics and Hours

MA Nursing License: _____ Date Food Service Director (8 Hours) Serve-Save Training: _____ Date

Current Signed & Dated Job Description in file? Yes No; Date signed: _____

PCA SAMM and Skills Evaluations (for Personal Care staff only):

	20__		20__		20__ (current year if applicable)	
	Date	Date	Date	Date	Date	Date
PCA SKILLS evaluation						
SAMM Skills evaluations						

SECTION B: ORIENTATION TRAINING

Complete only if the employee was hired within the past 24 months.

General Orientation: Date(s): _____ Total Hours: _____ # of hours facilitated: _____

All Topics: Y / N 1 hr Abuse Date: _____ 2 hrs Dementia (All Staff) Date: _____

1 hr SAMM: (Personal Care Staff only): Date: _____ 7 hrs additional SCR Topics (SCR PC Staff only): Date: _____

2 hrs additional Dementia Care topics: (Manager & Service Coordinator only): Date: _____

ALR Representative providing the requested information:

 Print Name Position Date