OFFICE OF LICENSING

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

STAFF INFORMATION SHEET

NAME OF SERVICE:_____ **DATE:** _____

LOCATION: _____

Position (use * to denote position vacancy)	*Name*	Staff Member Education Level and Credentials	Service Assigned	SCHEDULED HOURS						
				MON	TUES	WED	THURS	FRI	SAT	SUN

Use @ to indicate staff having current certification in First Aid. Use # to indicate staff who have received a certificate in Cardiopulmonary Resuscitation (CPR).