

**Disclaimer:** This document may be used as a template for a provider’s Staff Training and Development pursuant to the requirements outlined in 12VAC35-105-450. This template should be individualized to your agency and scope of services provided.

This is not a required; however, utilization of this template may assist providers in achieving compliance with the regulatory requirements.

### Staff Training Form TEMPLATE

**Employee/Contractor Name:**

**Position:**

**Date of Hire:**

It is the policy of \_\_\_\_\_ to provide training and development opportunities for employees and contractors to enable them to support the individuals’ receiving services and to carry out their job responsibilities. Participation in training and development opportunities are documented and accessible to the department. All initial training and required retraining are to be completed in accordance with DBHDS regulatory requirements and within the timeframes outlined in \_\_\_\_\_’s Employee Orientation, Training, and Development Policy. \_\_\_\_\_ utilizes this form to document all initial training and retraining.

Training Topic Area:	Trainer Name:	Date of Completion:	Date for Retraining:
1. Serious Incident Reporting			
2. Medication Administration			
3. Behavior Intervention			
4. Emergency Preparedness			
5. Infection Control, to include flu epidemics			
6. Other: CPR			
7. Other: First Aid			
8. Other:			
9. Other:			
10. Other			
11. Other			

12. Other:			
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Signature below states that the aforementioned training topic areas have been covered and my questions answered.

\_\_\_\_\_  
Employee/Contractor Signature & Credentials

Date

\_\_\_\_\_  
Provider Signature & Credentials

Date