



**ACCOUNTABILITY COMPASSION EXCELLENCE INTEGRITY**

**EMPLOYEE NAME:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Certification of Annual Training**

The above named employee has received annual competency training in keeping with The curriculum under code § 52.21, with the course content outlined below.

**Annual Training:**

**Employee's Annual Anniversary Date:** \_\_\_/\_\_\_/\_\_\_

**The agency/registry –TriMED Healthcare has reviewed the individual's competency to perform assigned duties through: direct observation, testing, training, consumer feed back or other method approved by the Department or by a combination of methods, and administered annual training with the course content below.**

Content of standard, annual training for all staff members providing service which contains at least the following:

- (1) Prevention of abuse and exploitation of participants. (Refer to Webinar slides of October of 2013).
- (2) Reporting critical incidents.
- (3) Participant complaint resolution.
- (4) Department-issued policies and procedures.
- (5) Provider's quality management plan.
- (6) Fraud and financial abuse prevention.

**Employee has Completed Annual Training:** \_\_\_ Y / N / N/A \_\_\_

**Signed:** \_\_\_\_\_  
**Employee**

**Signed:** \_\_\_\_\_  
**Authorized Employer Representative**

