

PERSONAL CARE TRAINING RECORD

Directions: Complete this form for training and maintain in the employee file. Falsification of training is subject to referral for Medicaid Fraud

Employee Name		Agency	
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Training (<i>Internet training, list internet provider; certificate in file</i>)	Employee/Trainer Signatures	Date
Topic: _____ Location: _____ Method: _____ Trainer Qualifications: _____ Verification: _____ Start Time: _____ Stop Time: _____ Duration: _____		
Topic: _____ Location: _____ Method: _____ Trainer Qualifications: _____ Verification: _____ Start Time: _____ Stop Time: _____ Duration: _____		
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