

## AGED AND DISABLED WAIVER 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 (or Personal Options)	
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<b>Training</b> ( <i>Internet training, list internet provider; certificate in file</i> )		<b>Employee/Trainer Signatures</b> <i>(Employer for Personal Options)</i>	<b>Date</b>
<b>Topic:</b>	<b>Location:</b>		
<b>Method:</b>	<b>Trainer Qualifications:</b>		
<b>Verification:</b>	Start Time:      Stop Time:      Duration:		
<b>Topic:</b>	<b>Location:</b>		
<b>Method:</b>	<b>Trainer Qualifications:</b>		
<b>Verification:</b>	Start Time:      Stop Time:      Duration:		
<b>Topic:</b>	<b>Location:</b>		
<b>Method:</b>	<b>Trainer Qualifications:</b>		
<b>Verification:</b>	Start Time:      Stop Time:      Duration:		
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<b>Verification:</b>	Start Time:      Stop Time:      Duration:		