WEST VIRGINIA I/DD WAIVER CERTIFICATE OF TRAINING

	VEIX		9	
Name of Person	me of Person		ining	
Who Receives				
Services				
Name of Trainer	Trainer's Agency		gency	
Training Start Time	raining Start Time		Training Stop Time	
Training is valid	aining is valid Training is valid until:		valid until:	
from:				
Location of Training	ning Home of Person Who Receives Services			acility DH
	Agency Office			
	Supported Employment			Community
	Other (des			
Trained on the following items listed below. Specific procedure/techniques/methods may be found attached to the Individual Program Plan.				
1		11		
2		12		
3		13		
4		14		
5		15		
6		16		
7		17		
8		18		
9		19		
10		20		
l certify that I have received training on the items listed above. I will contact the Trainer if additional training is needed or for any questions.				
Printed Name of Per		Signature of Person		Title of Person
				Trained
Signature and Credentials of Traine	r	I	Date	