



**Macomb County Community Mental Health
Self-Determination Employee Training Tracking**

Refer to [SD Direct Employment Training Grid](#) for training details

Staff Name: _____

Date of Hire: _____

REQUIRED TRAINING:	INITIAL TRAINING DUE BY:	DATE OF INITIAL TRAINING:	REPEAT TRAINING DUE BY:	DATE OF REPEAT TRAINING:
Bloodborne Pathogens / Universal Precautions/ Infection Control * <i>Required</i> (RAPID TRAINING)				
Person-Centered Planning-IPOS Plan Goals and Objectives * <i>Required</i> (RAPID TRAINING)				
Emergency Preparedness * <i>Required if working w/SED or CW W</i> (RAPID TRAINING)				
Basic First Aid * <i>Required</i>				
Recipient Rights * <i>Required</i>				
Behavior Treatment Plan Specific to Person * (Required if plan exists)				
Corporate Compliance/ HIPAA (Strongly Encouraged)				
CPR (Strongly Encouraged)				
Cultural Competency (Strongly Encouraged)				
Grievances and Appeals (Strongly Encouraged)				
Limited English Proficiency (Strongly Encouraged)				
Trauma-Informed Care (Strongly Encouraged)				
Other per IPOS (if any): _____ _____				

***Required Trainings** within 30 days of hire. **RAPID TRAINING** completed prior to billable services delivered. Employers are responsible for ensuring that hired staff remain compliant with initial and repeat training timeframes. Staff missing training risk not being paid.