



Macomb County Community Mental Health Self-Determination Employee Training Tracking

*Refer to MCCMH Self Determination Training Requirements Guide on
our website for training details [Training Opportunities – MCCMH](#)*

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 (RAPID TRAINING)</i>				
Emergency Preparedness * <i>Required</i>				
Basic First Aid * <i>Required</i>				
Recipient Rights * <i>Required</i>				
Behavior Treatment Plan Specific to Person * <i>(Required if plan exists)</i>				
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)				
Question, Persuade, Refer (QPR) (Strongly Encouraged)				
<i>Other per IPOS (if any):</i>				

***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.