

OQMHP-PNMI Training Record

Employee Name: _____

Agency Name: _____

Agency Address: _____ City: _____ Zip: _____

Agency Contact Name: _____ Phone: _____

Date of Hire: _____

Degree* (include copy of degree showing major of study or official transcript): _____

OR Has completed Nine Training Areas listed below. Date Trainings Completed**: _____

Training Topic (Please attach copies of any certificates related to trainings listed below)	Date(s)	Hour(s)	Trainer's Name and/or Signature
A. First Aid & CPR			
B. Principles of child development and intervention (counseling) techniques			
C. Hazard Management, fire & safety			
D. Recipients' Rights			
E. Reporting requirements in situations of abuse			
F. Individual service plans and their application			
G. Record-keeping and reporting requirements			
H. Overview of psychotropic medications			
I. Non-aggressive techniques of physical intervention (must be approved by DHHS/CBHS Licensing)			

Supervisor's Name (printed) and Signature

Date

Employee's Signature

Date

Please submit a completed copy of this form for each applicant to:

USM—Muskie School
The Center for Learning
OQMHP Request
45 Commerce Dr.
Suite 11
Augusta, ME 04330

* For a list of acceptable degrees, please refer to the June 2003 *Desktop Reference to MaineCare OQMHP Certification for Children's Services*. You can find a copy at: <http://www.cfl-muskie.org>

**—*Please Note that DHHS-CBHS policy requires all training to be completed within 90 days from date of hire.*