TRAINING LOG - EMPLOYEE

Name:	Current Year:
Date of Hire:	Program License No.:
Criminal Background Study Clearance	- Date:
Drug & Alcohol Policy Date:	CPR (if required) Date:
First Aid Date:	
Suggested Training Topics:	Required Training Topics:
o Bill of Rights/Rights & Responsibilitie	s O Vulnerable Adult; including:
o Diversity	245A.65, 626.557 (reporting requirements
 Drug Free Workplace Policy 	including internal policy, procedure &
 Emergency Procedures 	reporting);
o HIPPA	626.5572 (definitions)
 Medication Administration Policy 	
 Right to Know 	

DATE	TOPIC	PRESENTER	# of MINUTES	TOTAL HOURS