PATHWAYS TRAINING DOCUMENTATION FORM

(Before sending to Training Coordinator, please make sure all information is filled in)

Training Title: Supplemental Recipient Rights Training **Date of Training:** 11/20/2020

Presenter: Samantha Kleikamp **Length of Training:** 1.5 hours

CMHP Eligible: Yes or No CEU, If Applicable: Yes or No # of CEUs applied: _____

Training Category :(Please circle one category only)

Administrative	Customer Service	Prevention
Applied Behavior Analyst	Ethics	Quality Improvement
Clinical	Independent Study	Recipient Rights
CMHP	Management	Safety Issues
Computer Training/DP	Medical	Substance Abuse
Confidentiality/Privacy	Medication Certification	Supervision
Corporate Compliance	OBRA/Elderly	Supported Employment
CPR/First Aid	Orientation	Toolbox
Crisis Intervention	Other/Non Specified Training	
Cultural Diversity	PCM training	
	PCP/Self-Determination	

TRAINEE SIGN-IN

(If name is illegible, you may not receive credit for training)

Printed Name	Signature
1. Chelsy Skyles	Chelsy Skyles
2. Veronica Borchert	[illegible]
3. Jenifer Corwin	
4. Tiffany McDonald	Tiffany McDonald
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