



## Annual Employee Training Checklist

Employee name: \_\_\_\_\_

Training Topic		Required By	Frequency
			<b>Key:</b> 3 = Initial training within first 3 months of employment O = Once/Initial 1 = Yearly N = As needed
Agency Policy Review	Personnel Policies and Procedures	680.4, 680.7, 680.8 Regs, (note, only 680.8(f) exceeds requirements of part 633)	O/N
PRAISE	Abuse - Incident and Abuse Reporting and Processing	633.8 Regs	3/1/N

	Abuse - Laws, Regulations and Policies / Procedures Governing Protection from Abuse		
	Abuse - Prevention, Identification, Reporting, and Processing of Allegations of Abuse		
	Code of Conduct		
	Mandated Reporter ( <a href="https://nysmandatedreporter.org">New York State Mandated Reporter Resource Center - Home (nysmandatedreporter.org)</a> ) <b>CERTIFICATE REQUIRED</b>		
Choking Prevention	Choking Prevention Initiative (CPI) Refresher	ADM #2023-04	3/1/N
Emergency Preparedness	Do Not Resuscitate (DNR) responsibilities	633.18 Regs	3/1
	Disaster Preparedness Plan		
	Emergency on-call		
OSHA	Infection Control / Blood Borne Pathogens, i.e., Prevention of exposure to body substances which could put others at risk of infection (HIV)	633.8 & 633.19 Regs	3/1
	Tuberculosis Control Plan	633.14 Regs	0/1
Safety and welfare	HIPAA/Confidentiality/Back safety: Other Appropriate Topics Relative to Safety and Welfare as May Have Been Specified by the Agency	633.8 & 633.19 Regs	3/1
	Safety and Security Procedures (Including Fire Safety)	633.8 Regs. 635-7.5 Regs & 686.16 Regs; and ADM # 2012-02	3/1/N
	Sexual Harassment	Agency Mandate	3/1
DSP CORE Competencies	Promoting Positive Relationships	633.8 Regs	3/1/N
	Code of Ethics	633.8 Regs	

	<b>DIRECT SUPPORT PROFESSIONALS/FIELD ADVOCATES ONLY</b>		
Documentation Requirements	Electronic Visit Verification (EVV)	Agency requirement <b>(DSP/Field Advocate only)</b>	3/1
	Service Description for Notes		
	Electronic Reimbursement Submission (Staff Activity Fees)		

**By signing and dating this form, you are attesting that you have completed the above training.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of completion