



Annual Employee Training Checklist (OPWDD)

Employee Name: _____ **Date of Hire:** _____

1. Welcome and Policy Review
 - a. Corporate Compliance Plan
2. Policies to Review
3. Disaster Preparedness Plan
4. Emergency On-Call
5. Complaints and Grievances/Objections
6. Participant Rights
7. PRAISE
 - a. Code of Conduct
8. Incident Reporting
9. CORE Competencies for a DSP
10. Code of Ethics
11. OSHA Infection Control
 - a. HIV Confidentiality
 - b. HIPAA and Confidentiality
 - c. Infection Control/Blood Borne Pathogens
12. Back Safety
13. Documentation
14. Sexual Harassment (effective 1/1/20)

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

Name (print)

Signature

Title

Date