Provider Recipient Rights Training Log

Please Complete AND maintain the information below for each employee. Forward log on to Nancy Tezak,RRO (Email ntezak@sanilaccmh.org or FAX 810-648-5107) any time you hire a new staff or if a current staff person leave.

	ALL STAFF EMPLOYED IN 2017-2019			INITIAL RIGHTS TRAINING INFORMATION			REFRESHER DATES FOR TRI-ANNUAL STATE REVIEW				
						LESS THAN 30 DAYS?	2016	2017	2018	2019	
PROVIDER	EMPLOYEE FIRST NAME	EMPLOYEE LAST NAME	DATE OF HIRE	DATE OF INITIAL TRAINING	Days	YES/NO	DATE OF TRAINING	DATE OF TRAINING	DATE OF TRAINING	DATE OF TRAINING	
ABC Home	Doe	John	11/1/2017	11/15/2017	14	Yes	NA	NA			(New Hire, under 30 days)
ABC Home	Doe	Mary	11/1/2017	12/20/2017	49	No	NA	NA			(New Hire, over 30 days)
ABC Home	Doe	Susan	11/1/2014	11/16/2014	15	Yes	11/15/2016	11/15/2017			(Staff needing refresher training)