

Name
Title

APPENDIX G: TRAINING ACKNOWLEDGEMENT FORM

Providing quality services and supports to individuals with intellectual and developmental disabilities requires ongoing job-specific training for all employees and contractual providers. As a Pikes Peak Respite Services employee or contractual provider, I acknowledge that I have read, understand, and will implement the following policies and procedures (initial next to each policy) or have taken the following training classes.

- Rights
- Confidentiality
- Incident Reporting
- MANE
- Electronic Data Management
- Dispute Resolution
- Grievance Resolution
- Challenging Behaviors
- First-Aid
- CPR
- Infection Control and Prevention
- Medication Administration (QMAP) (ONLY Staff assisting with Med Admin support)

As a Pikes Peak Respite Services employee or contractual provider, I acknowledge that I have read and understand the individual's person specific information: requires employees and contractual providers to read the individual's file and understand their person specific needs (initial below):

Person Specific Information (e.g., person's file, IP, etc.)

Employee/Contractual provider Name (Print)

Employee/Contractual provider Name (Signature)

Date