PCG Public Partnerships
Supporting Choice. Managing Costs.™

West Virginia Personal Options
Aged and Disabled Waiver Program
ANNUAL TRAINING VERIFICATION FORM

All Personal Options employees must complete the following training areas annually and maintain them current. Current means no gaps in between trainings.

- Cardiopulmonary Resuscitation (CPR) and First Aid – a copy of the CPR and First Aid cards must be submitted to PPL and must be maintained current (no gaps in between) as defined by the terms of the certifying agency
  - *CPR: Must be provided by a certified trainer from the American Heart Association, American Red Cross, American Health and Safety Institute, American CPR, National Safety Council, and Emergency Care and Safety Institute. Skills must be demonstrated in person.*
  - *First Aid: Must be provided by an agency nurse, a certified trainer, or a qualified internet provider.*
- Universal Precautions (OSHA): material is provided in PPL Initial Training packet
- Abuse/Neglect/Exploitation Identification: material is provided in PPL Initial Training packet
- HIPAA: material is provided in PPL Initial Training packet

Training Topic	Start Time	Stop Time	Duration	Location of Training	Source
Universal Precautions (OSHA)					PPL Training Packet
Abuse/Neglect/ Exploitation Identification					PPL Training Packet
HIPAA					PPL Training Packet

- **4 hours of training focusing on enhancing direct care services delivery knowledge and skills. Specific on-the-job training with the participant can be counted toward this requirement:**

Training Topic	Start Time	Stop Time	Duration	Location of Training	Source (Name of books, articles, website, etc. or on-the-job training with the participant)

By signing below, the participant (or their representative) confirmed that the training topics above were provided to the employee listed below, and that he/she has completed those training topics.

Participant Name **Participant or Representative Signature** **Date**

Employee Name **Employee Signature** **Date**

Resource Consultant Name: _____

Please submit the completed test and verification form to your Resource Consultant or fax it to 304-296-1932 9/20/2016