

Self-Directed Employee Training Certification Form

Individual Name:	Employee Name:
Individual DDD ID: _____	Employee PPL ID: PONJD _____

REQUIRED TRAININGS

The following six trainings must be completed by all DDD Self-Directed Employees. Trainings 1-5 only need to be completed once and will carry over to any individuals the employee provides services to now and in the future. Training 6 – *Individual/Family Developed Orientation* – must be completed once for every individual the employee provides services to now and in the future.

Training	Training Completion Date
1) DDD Shifting Expectations: Changes in Perception, Life Experience, and Services	___ / ___ / _____
2) DDD Life Threatening Emergencies (Danielle’s Law)	___ / ___ / _____
3) Preventing Abuse, Neglect, and Exploitation Lessons 1, 3, 4, 5, 7	___ / ___ / _____
4) Abuse, Neglect, and Exploitation Practicum	___ / ___ / _____
5) DDD Stephen Komninos’ Law	___ / ___ / _____
6) Individual/Family Developed Orientation (per individual served)	___ / ___ / _____

SERVICE PLAN SPECIFIC TRAININGS

The following three trainings must be completed by DDD Self-Directed Employees, **if applicable**. Completion of Training 1 – *Introduction to Medication Support Lessons 1-6* – carries over to any individuals the employee provides services to now and in the future. Trainings 2 and/or 3 must be completed once for every individual the employee provides services to now and in the future, **if applicable**.

Training	Training Completion Date
1) Introduction to Medication Support, Lessons 1-6	___ / ___ / _____
2) Medication Practicum (per individual if applicable)	___ / ___ / _____
3) Behavior Supports Plan Overview (per individual if applicable)	___ / ___ / _____

CPR & FIRST AID

All DDD Self-Directed Employees must complete CPR and First Aid Certification, and complete CPR and First Aid Recertification every two years and prior to certification expiration.

Training	Training Completion Date
1) CPR & First Aid Certification	___ / ___ / _____
2) CPR & First Aid Recertification	___ / ___ / _____

Employer Signature: _____ **Date:** ___ / ___ / _____

Employee Signature: _____ **Date:** ___ / ___ / _____

Please submit signed form to Public Partnerships by fax (1-844-561-5978) or by e-mail (njddd@pcgus.com).
If you have any questions, please call Public Partnerships at 1-844-842-5891.