

TRAINING CERTIFICATION

Employee Name

First: Last: PPL ID:

Individual Name

First: Last: PPL ID:

Employer Name (this must be completed)

First: Last:

Required Training

The following six trainings must be completed by all NJ DDD Self-Directed Employees (SDEs). A one-time reimbursement payment will be issued to an SDE after all trainings are completed and certified. Only one payment will be made per SDE, per lifetime.

Training	Date of Completion
DDD Life Threatening Emergencies (Danielle's Law)	
DDD Stephen Komninos Law Training	
DDD Shifting Expectations: Changes in Perception, Life Experience and Services	
DDD Prevention of Abuse, Neglect and Exploitation – Module 1, 3, 4, 5 and 7	
Cardiopulmonary Resuscitation (CPR)	
First Aid (FA)	

Service Plan Specific Training

The following four trainings must be completed by NJ DDD SDEs if medication administration applies to the services they will deliver.

Training	Date of Completion
Medication Basics	
Working with Medications	
Administration of Medications and Treatment	
Follow Up, Communication and Documentation of Medications	

Agree and Sign

I certify that I have completed these trainings and that (check one):

- I have NOT been reimbursed previously from any agency and require payment.
 I have been reimbursed previously and do not require payment.

Employee Signature:

Date:

I certify that this employee has provided me with proof that these trainings have been completed, and that (check one):

- This employee has NOT been reimbursed previously from any agency and requires payment.
 This employee has been reimbursed previously and does not require payment.

Employer or Authorized Representative Signature:

Date:

Once completed, submit the form via email to njddd@pcgus.com or fax to 1-844-561-5978