

OQMHP-PNMI Training Record

Employee Name: _____

Agency Name: _____

Agency Address: _____ City: _____ Zip: _____

Agency Contact Name: _____ Phone: _____

Date of Hire: _____

Degree (include copy of degree showing major of study or official transcript): _____

OR Has completed Nine Training Areas listed below. Date Trainings Completed: _____

Training Topic (Please attach copies of any certificates related to trainings listed below)	Date(s)	Hour(s)	Trainer's Name and/or Signature
A. First Aid & CPR			
B. Principles of child development and intervention (counseling) techniques			
C. Hazard Management, fire & safety			
D. Recipients' Rights			
E. Reporting requirements in situations of abuse			
F. Individual service plans and their application			
G. Record-keeping and reporting requirements			
H. Overview of psychotropic medications			
I. Non-aggressive techniques of physical intervention (must be approved by DHHS/CBHS Licensing)			

Supervisor's Name (printed) and Signature

Date

Employee's Signature

Date

Please submit a completed copy of this form for each applicant and mail to:

**Office of Child and Family Services
Brandi Harding, OQMHP
2 Anthony Avenue
#11 State House Station
Augusta, Maine 04330-0011**

Please note: All training must be completed within **90 days** from the date of hire.