



# EFMP – Respite Care Project Training Tracking Form

FCC and In-Home Providers Only

*(Note: Medical Professionals are exempted from this training requirement)*

Provider Name: \_\_\_\_\_

Training	Date Completed*	Expiration Date♦
First Aid	___/___/___	___/___/___
CPR	___/___/___	___/___/___
Dispensing Medication	___/___/___	
Child Abuse Module 1	___/___/___	
Child Abuse Module 2	___/___/___	
ALL OF THE ABOVE TRAINING MUST BE COMPLETED PRIOR TO EFMP RESPITE CARE IS PROVIDED AND WITHIN 90 DAYS OF ACCEPTANCE INTO EFMP RESPITE CARE.		
<b>Training</b>	<b>Date Completed*</b>	
Introduction to Inclusion	___/___/___	
Supporting Positive Behaviors	___/___/___	
Partnering with Families	___/___/___	
Other1 (specify) _____	___/___/___	
Other2 (specify) _____	___/___/___	
Other3 (specify) _____	___/___/___	
THE ABOVE TRAINING MUST BE COMPLETED WITHIN THE 12 MONTHS OF ENTERING INTO EFMP RESPITE CARE.		

\* Date completed is the date the provider completes the training and passes any associated assessment. If provide enters the program with the training, enter the date of intake as date complete.

♦ Enter date certificate expires.