

Certificate of Completion

For completion of:

“Child and Vulnerable Adult Abuse, Neglect, and Exploitation
Training for Independent Providers of Medicaid HCBS DD Services”

Typed Signature

Date

By typing my name on this document, I hereby attest that I have taken the Abuse/Neglect Mandatory Reporter training per the requirements defined by the Medicaid HCBS DD Waivers. I acknowledge that I understand what abuse/neglect is, how to identify abuse, neglect, and exploitation and prevention strategies. I understand my duties as a mandatory reporter and will report incidents in accordance with the training.