Attachment H – Provider Training Log

Please indicate the completed training requirements for Licensed Providers and non-licensed providers providing direct care to consumers. *Attach additional sheets if necessary.* **Copies of training records are acceptable in lieu of this form.**

Examples of trainings include: LEP, Cultural Competency, Recipient Rights, HIPPA, Prevention of Communicable Diseases, Medicaid Fair Hearings, and Deficit Reduction Act.

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| Provider Name  (Last, First, MI) | Training  Completed | Date  Completed | # hrs.  If applicable |
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