Attentive Care Service Coordination

Certificate of Completion

Name of Staff

Has completed the following training session(s)

Basic Orientation
Service Specific Orientation
Annual Training

For

The Nursing Home Transition and Diversion (NHTD) 1915(c) waiver program

Traumatic Brain Injury (TBI) 1915(c) waiver program

and successfully completed the course requirements

Completion Date: _____

Joel Posen

Name of Trainer

SC Supervisor/Director

Title

Date