

Abode 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: _____

Fishel Deutsch

SC Supervisor

Name of Trainer

Title

Date